Schedule E)					PAGE 1 OF 108 FOR SE OF FORM 24/48
NAME OF COMMIT					FEC IDENTIFICATION NUMBER ▼
Women Spea	IK Out PAC				C C00530766
					M / D D / Y Y Y Y
Check if 24-hou	ır report X 48-hour	report New report	oort Amends repo		M / D D / Y - Y - Y - Y
Full Name of Pa Stephanie					of Public Distribution/Dissemination
				IVI	10 07 2014
Mailing Address	8026 S Wilwood Dr Apt	101		Amou	nt
City		State	Zip Code		20.00
Oak Creek		WI	53154		saction ID: a850d35f-b7b2-4ca9-8 of Disbursement or Obligation
Purpose of Expe Salary	enditure		Category/ Type 001		10 07 7 2014
Name of Federa			Support	Office Sough	nt: House District: 00
Ms. Mary L Land	drieu		Oppose	Preside	
Calendar Ye Per Election	ear-To-Date n for Office Sought		152090.42	Disbursemen 2014 O	nt For:
Full Name of Pa Eric J Smith				Date	of Public Distribution/Dissemination
				N	10 07 7 2014
Mailing Address	4967 Dysartville			Amou	int
City		State	Zip Code	$-\Gamma$	80.00
Morganton		NC	28655		action ID : cd0b2496-119b-473a-a of Disbursement or Obligation
Purpose of Expe Salary	enditure		Category/ Type 001		10 07 2014
Name of Federa	l Candidate		Support	Office Sough	nt: House District: 00
Ms. Kay Hagan			X Oppose	Preside	ent Senate State: NC
Calendar Ye Per Election	ear-To-Date n for Office Sought		973252.35	Disbursemen 2014	nt For: Primary ⊠ General Other (specify) ▶
(a) SUBTOTAL o	of Itemized Independent	Expenditures		• •	100.00
(b) SUBTOTAL o	of Unitemized Independe	ent Expenditures		. •	7 1 7 1 7
(c) TOTAL Indep	endent Expenditures			· •	
with, or at the rec		any candidate or authorized	•		cooperation, consultation, or concert the reporting entity is not a political
	Emily Buchanan	[Electron	nically Filed] Date	9 10	08 2014
Signature					

Schedu	le E)	1 <b>L</b> /(1 <b>L</b> /(2 .	1101120		PAGE 2 OF 108 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full N	ame of Payee nifer E Smith			Date	of Public Distribution/Dissemination
	g Address 4967 Dysartsville Rd			[	10 07 2014
	4967 Dysaltsville Ru			Amou	unt
City		State	Zip Code		80.00
Morga		NC	28655		saction ID: ea5262c2-1bdc-4b20-8 of Disbursement or Obligation
Purpo: Salar	se of Expenditure y		Category/ Type 001		10 07 2014
Name	of Federal Candidate		Support	Office Sough	ht: House District:00
Ms. K	ay Hagan		X Oppose	Presid	dent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	ę	973252.35	Disbursemer 2014	nt For: Primary
Full N	ame of Payee			Date	of Public Distribution/Dissemination
Jen	nifer E Smith				10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailin	g Address 4967 Dysartsville Rd				
	-			Amou	unt
City		State	Zip Code		7.50
	anton	NC	28655	Transa Date	action ID: 4816c6fb-6109-411c-a of Disbursement or Obligation
Purpo Milea	se of Expenditure ge		Category/ Type 002	$\Box \mid [$	10 07 2014
Name	of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. K	ay Hagan		Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	7	973252.35	Disbursemen 2014	nt For:
(a) SU	BTOTAL of Itemized Independent Expenditure	÷s		·· •	87.50
(b) SU	BTOTAL of Unitemized Independent Expendit	ures		·· •	
(c) TO	TAL Independent Expenditures				7 7
with, or	penalty of perjury I certify that the independe at the request or suggestion of, any candida ommittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 10	08 2014
Sign	ature		_		

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	d on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
James E Dacus	10 07 2014
Mailing Address 117 Cynthia Ave	Amount
Other Transfer	45.00
City State Zip Code Farmington AR 72730	45.00 Transaction ID : 38bb861a-ee28-48ff-9
	Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	10 07 / Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought  Disk 2014	oursement For: Primary General  Other (specify) ▶
Full Name of Payee  James E Dacus	Date of Public Distribution/Dissemination
	10 07 2014
Mailing Address 117 Cynthia Ave	Amount
City State Zip Code	4.80
Farmington AR 72730	Transaction ID : 7296ebfb-3e55-4f2b-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 07 / 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
2015	pursement For: Primary X General
Per Election for Office Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	49.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1171717
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 08 2014
Signature	

Schedule E)	LIVI LXI LIV			PAGE 4 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	D = D / Y = Y = Y
Full Name of Payee Regina R Mouton			M = M /	Distribution/Dissemination
Mailing Address 5827 Brighton Pl			Amount	07 2014
City	State	Zip Code		25.00
New Orleans	LA	70131		D: b8b2588d-97e2-4c8c-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	152090.42	Disbursement For: 2014 Other (sp	Primary ☐ General ecify) ►
Full Name of Payee			Date of Public	Distribution/Dissemination
Regina R Mouton			10	07 2014
Mailing Address 5827 Brighton PI			Amount	
City	State	Zip Code		3.90
New Orleans	LA	70131		): e839ac03-7bea-4de5-a irsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		152090.42	Disbursement For: 2014 Other (sp	Primary X General ecify) ►
(a) SUBTOTAL of Itemized Independent Expendent	ditures		. >	28.90
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· •	7 1 2
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date	10 / 08	2014

Schedule E)	IN EXILIVE	TIONES	PAGE 5 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	t filed on
Full Name of Payee Jacob T Craig			Date of Public Distribution/Dissemination
Mailing Address 1410 Bushville Dr			10 07 2014
			Amount
City	State	Zip Code	20.00
Lenoir	NC	28645	Transaction ID: 00790942-f86d-4901-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 07 Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		973252.35	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Dwayne C Smith			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 900 Bramblegate Rd			Amount
City	State	Zip Code	20.00
Hope Mills	NC	28348	Transaction ID : f74b2d63-2aa5-4ef4-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 D D 7 Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	973252.35	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		40.00
//s) CURTOTAL of Unitersized Independent Function	alita ura a		
(b) SUBTOTAL of Unitemized Independent Exper	iditures		
(c) TOTAL Independent Expenditures			<b>&gt;</b>
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S.g.lataro			

Schedule E)	THEFORT OF INDEFENDE	INI EXPEND	ITONES		PAGE 6 OF 108 FOR SE OF FORM 24/48
	MITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women S	peak Out PAC				C00530766
Check if 24	1-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y = Y
Full Name of Dwayne	of Payee e C Smith			M	
Mailing Add	ress 900 Bramblegate Rd			Amount	07 2014
City		State	Zip Code		6.60
Hope Mills		NC	28348		tion ID : d53d9fe0-1acd-43e8-9 Disbursement or Obligation
Purpose of Mileage	Expenditure		Category/ Type 002	M 10	
Name of Fe	ederal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Ha	gan		X Oppose	President	Senate State: NC
	ar Year-To-Date ection for Office Sought		973252.35	Disbursement F 2014 Othe	or:
Full Name Joseph					Public Distribution/Dissemination
Mailing Add	·			1(	
Walling Add	ress 160 #50 Pompano Dr			Amount	
City		State	Zip Code		52.50
New Bern		NC	28560		on ID: 299d18ff-30bc-474c-a Disbursement or Obligation
Salary	Expenditure		Category/ Type 001	10	
Name of Fe	ederal Candidate		Support	Office Sought:	House District:00
Ms. Kay Ha	ngan		X Oppose	President	
	lar Year-To-Date ection for Office Sought	, , , ,	973252.35	Disbursement F 2014 Other	or:
(a) SURTOT	AL of Itemized Independent Expendit	urae			59.10
(a) 30D101	AL of homizod independent Expendit	u103			33.10
(b) SUBTOT	AL of Unitemized Independent Expen	ditures		· •	7
(c) TOTAL I	ndependent Expenditures			<b>•</b>	7 7
with, or at th	y of perjury I certify that the indeper e request or suggestion of, any candi tee) any political party committee or i	idate or authorized			
Signature	Ms. Emily Buchanan	[Electron	nically Filed] Date		08 / 2014

Schedule E)	DENT EXPEND	TIONES	PAGE 7 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt New rep	port Amends repo	rt filed on
Full Name of Payee  Joseph R Rys			Date of Public Distribution/Dissemination
Mailing Address 160 #50 Pompano Dr			10 07 2014 Amount
Cit.	Chata	7:n Code	40.00
City New Bern	State NC	Zip Code 28560	10.29  Transaction ID: 51794be7-03c0-4abe-8  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		973252.35	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Morgan E Hallenbeck			10 07 7 2014
Mailing Address 3790 Christian Light Rd			Amount
City	State	Zip Code	60.00
Fuquay Varina	NC	27526	Transaction ID : 8bb1455d-8f18-4069-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 07 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , , ,	973252.35	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
_			
(a) SUBTOTAL of Itemized Independent Expe	nditures		70.29
(b) SUBTOTAL of Unitemized Independent Ex	cpenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
*			

Schedule E)	PAGE 8 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Ame	ends report filed on
Full Name of Payee Morgan E Hallenbeck	Date of Public Distribution/Dissemination
Mailing Address 3790 Christian Light Rd	10 07 2014 Amount
City State Zip Code	27.00
Fuquay Varina NC 27526	Transaction ID: 87b63370-f8d3-4519-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type	002 10 07 7 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ma Kasalla saa	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 973252.35	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Edward N Walker	Date of Public Distribution/Dissemination
Mailing Address 3 Girard St	10 07 2014  Amount
City State Zip Code  Ft Smith AR 72901	40.00 Transaction ID : 85fc7913-7af6-4921-b
Purpose of Expenditure Salary  Category/ Type	Date of Disbursement or Obligation  001  001  001  001  001  001  001  0
Name of Federal Candidate	Support Office Sought: House District: 00
	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 136950.69	Disbursement For: Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	67.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported her with, or at the request or suggestion of, any candidate or authorized committee of party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed]  Signature	Date 10 / 08 / 2014

Schedule E)				PAGE 9 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	rt filed on	= M / D = D / Y = Y = Y
Full Name of Payee Edward N Walker				of Public Distribution/Dissemination
Mailing Address 3 Girard St			L	10 07 2014
			Amour	
City	State	Zip Code		20.40
Ft Smith	AR	72901		action ID: 1ef0c764-3d6d-482b-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 07 2014
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	1	36950.69	Disbursement 2014 Ot	t For: Primary X General
Full Name of Payee				of Public Distribution/Dissemination
Sue G Walker				M / D D / Y Y Y Y
Mailing Address 3 Girard			L	10 07 2014
Johnson			Amou	nt
City	State	Zip Code		70.00
Fort Smith	AR	72901	Transa Date o	ction ID : ef7f2a9e-0c5d-49d3-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 07 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		Oppose	Preside	ent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		136950.69	Disbursemen 2014	t For:
(a) SUBTOTAL of Itemized Independent Expenditures			· •	90.40
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(c) TOTAL Independent Expenditures			· [	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its agr	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	LAPLINDI	TONES		PAGE 10 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Sue G Walker			M = M	c Distribution/Dissemination
Mailing Address 3 Girard			Amount	07 2014
City	State	Zip Code		21.00
Fort Smith	AR	72901		ID: 7d1fd0ef-173c-4105-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	07 Y 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, 1	36950.69	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Logan B Piper			10 <sup>M</sup>	07 2014
Mailing Address 3205 Pebble Beach Rd			Amount	
City	State	Zip Code		46.50
Conway	AR	72034		D: 1a91edce-2a85-463d-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 M	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, ,	136950.69	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures				67.50
4				
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its at	or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	M M / D D D 08	2014
Signature				

Schedule E)	IN EXICIO	HONES	PAGE FOR	11 OF 108 SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIF	ICATION NUMBER ▼
Women Speak Out PAC			C C0053	0766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D / Y = Y = Y
Full Name of Payee			Date of Public Distri	bution/Dissemination
Logan B Piper			10 / 0	
Mailing Address 3205 Pebble Beach Rd			Amount	
City	State	Zip Code		13.41
Conway	AR	72034	Transaction ID: 464 Date of Disbursement	
Purpose of Expenditure Mileage		Category/ Type 002	10 / 0	
Name of Federal Candidate		Support	Office Sought: Hou	se District: 00
Mr. Mark L Pryor		X Oppose	President Sen	ate State: AR
Calendar Year-To-Date Per Election for Office Sought		136950.69	Disbursement For: P 2014 Other (specify)	rimary X General
Full Name of Payee			Date of Public Distri	bution/Dissemination
Amanda Boley			10 / 0	7 2014
Mailing Address Split Oak Drive			Amount	
City	State	Zip Code		60.00
charlotte	NC	28227	Transaction ID : a279 Date of Disburseme	
Purpose of Expenditure Salary		Category/ Type 001	10 / 0	
Name of Federal Candidate		Support	Office Sought: Hou	use District: 00
Ms. Mary L Landrieu		Oppose	President Ser	
Calendar Year-To-Date Per Election for Office Sought	7 7	152090.42	Disbursement For: F 2014 Other (specify)	Primary X General
(a) SUBTOTAL of Itemized Independent Expendi	tures			73.41
			7	7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		<b>&gt;</b>	4
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7-1-1-2
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any cancer party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 08 / D = D	2014
3. <del>3</del>				

Schedule E)	1511 61126	PAGE 12 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New	report Amends report f	filed on
Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination
Mailing Address Split Oak Drive		10 07 2014  Amount
City State	Zip Code	17.10
charlotte NC	28227	Transaction ID : 820257a2-d5a1-4a62-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support C	office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		on the displacement in the primary of the primary
Full Name of Payee		Date of Public Distribution/Dissemination
Dylan J Sparks		10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 915 East Market Ave		Amount
		_
City State	Zip Code	60.00
Searcy AR	72149	Transaction ID : 626a35db-5e5e-4de1-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 7 7 2014
Name of Federal Candidate	Support C	Office Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures		77.10
(b) SUBTOTAL of Unitemized Independent Expenditures	)	
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authority party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Elect	ronically Filed] Date	10 08 2014
Signature		

Women Speak Out PAC  C coo530766			FOR SE OF FORM 24/48
Check if	NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Dylan J Sparks  Mailing Address 915 East Market Ave  City State Zip Code Mineage Category 002  Mine of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  City State Zip Code Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Category 001  Name of Federal Candidate Ms. Mark L Pryor  Category 002  Calendar Year-To-Date Per Election for Office Sought  Category 001  Name of Payee Alice K Salazar  Mailing Address 605 W Houston St  City State Zip Code Ms. Mark Salai	women Speak Out PAC		C C00530766
Mailing Address 915 East Market Ave  City State Zip Code AR 72149  Purpose of Expenditure Mileage  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate  Marhall  Tx 75633  Name of Federal Candidate  Mary Landrieu  Category/ Nype  Od1  Name of Payea  Alice K Salazar  Mailing Address 605 W Houston St  City State Zip Code  Transaction ID : 44925866-0fd4-4cb6-9  Date of Debursement For: Destrict: On President Senate State: AR  Per Election for Office Sought  Tx 75633  Name of Federal Candidate  Ms. Mary Landrieu  Category/ Nype  Od1  Name of Federal Candidate  Ms. Mary Landrieu  Calendar Year-To-Date Per Election for Office Sought  Type  Od1  Office Sought: House District: On President Senate State: AR  Transaction ID : 44925866-0fd4-4cb6-9  Date of Public Distribution/Dissemination  Amount  City State Zip Code  Tx 75633  Transaction ID : 4226039-586-47a8-a  Date of Public Distribution/Dissemination  Transaction ID : 422603	Check if 24-hour report 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Mailing Address 915 East Market Ave  City Stale Zip Code AR 72149  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate Support Mark L Pryor Qopose President Senate State: AR Calendar Year-To-Date Per Election for Office Sought TX 75633  Purpose of Expenditure State Zip Code President Senate State: AR Calendar Year-To-Date President TX 75633  Purpose of Expenditure State Zip Code Marshall TX 75633  Purpose of Expenditure Salary Category On On Transaction ID: 44236639-566-4748-a Date of Public Distribution/Dissemination Transaction ID: 4226039-566-478-a Date of Disbursement or Obligation Transaction ID: 4226039-566-478-a Date of Public Distribution/Dissemination Transaction ID: 4226039-566-478-a Date of Disbursement or Obligation Transaction ID: 4226039-566-478-a Date of Disb		Da	ate of Public Distribution/Dissemination
City State Zip Code Searcy AR 72149  Purpose of Expenditure Mileage			
Searcy AR 72149  Furpose of Expenditure Mileage  Category/ Name of Federal Candidate Mr. Mark L Pyor  Calendar Year-To-Date Per Election for Office Sought  TX 75633  Furpose of Expenditure Salary  Name of Federal Candidate  TX 75633  Furpose of Expenditure Salary  Name of Federal Candidate  Mark L Pyor  Calendar Year-To-Date Per Election for Office Sought  TX 75633  Transaction ID : 44925866-0fd4-4cb6-9  Date of Public Distribution/Dissemination  Tale Calendar Year-To-Date Per Election for Office Sought  TX 75633  Transaction ID : 42246039-5e8e-47a8-a  Date of Public Distribution/Dissemination  Tale Calendar Year-To-Date Purpose of Expenditure Salary  Name of Federal Candidate Support Mark L Landrieu  Oppose  Transaction ID : 42246039-5e8e-47a8-a  Date of Public Distribution/Dissemination  Transaction ID : 42246039-5e8e-47a8-a  Date of Disbursement or Obligation  Transaction ID : 42246039-5e8e-47a8-a  Date of Disbursement or Obligation  Transaction ID : 42246039-5e8e-47a8-a  Date of Disbursement or Obligation  Transaction ID : 42246039-5e8e-47a8-a  Date of Disbursement For: Office Sought  Transaction ID : 42246039-5e8e-47a8-a  Date of Disbursement For: Other (specify)   Amount  Transaction ID : 42246039-5e8e-47a8-a  Date of Disbursement For: Other (specify)   Transaction ID : 42246039-5e8e-47a8-a  Date of Disbursement For: Other (specify)   Transaction ID : 42246039-5e8e-47a8-a  Date of Disbursement For: Other (specify)   Transaction ID : 42246039-5e8e-47a8-a  Date of Disbursement For: Other (specify)   Transaction ID : 42246039-5e8e-47a8-a  Date of Disbursement For: Other (specify)   Transaction ID : 42246039-5e8e-47a8-a  Date of Disbursement For: Other (specify)   Transaction ID : 42246039-5e8e-47a8-a  Date of Disbursement For: Other (specify)   Transaction ID : 42246039-5e8e-47a8-a  Date of Disbursement For: Other (specify)   Transaction ID : 42246039-5e8e-47a8-a  Date of Disbursement For: Other (specify)   Transaction ID : 42246039-5e8e-47a8-a  Date of Disbursement For: Other (specify)   Transaction ID : 42	Mailing Address 915 East Market Ave	Ar	mount
Searcy AR 72149  Furpose of Expenditure Mileage  Category/ Name of Federal Candidate Mr. Mark L Pyor  Calendar Year-To-Date Per Election for Office Sought  TX 75633  Furpose of Expenditure Salary  Name of Federal Candidate  TX 75633  Furpose of Expenditure Salary  Name of Federal Candidate  Mark L Pyor  Calendar Year-To-Date Per Election for Office Sought  TX 75633  Transaction ID : 44925866-0fd4-4cb6-9  Date of Public Distribution/Dissemination  Tale Calendar Year-To-Date Per Election for Office Sought  TX 75633  Transaction ID : 42246039-5e8e-47a8-a  Date of Public Distribution/Dissemination  Tale Calendar Year-To-Date Purpose of Expenditure Salary  Name of Federal Candidate Support Mark L Landrieu  Oppose  Transaction ID : 42246039-5e8e-47a8-a  Date of Public Distribution/Dissemination  Transaction ID : 42246039-5e8e-47a8-a  Date of Disbursement or Obligation  Transaction ID : 42246039-5e8e-47a8-a  Date of Disbursement or Obligation  Transaction ID : 42246039-5e8e-47a8-a  Date of Disbursement or Obligation  Transaction ID : 42246039-5e8e-47a8-a  Date of Disbursement For: Office Sought  Transaction ID : 42246039-5e8e-47a8-a  Date of Disbursement For: Other (specify)   Amount  Transaction ID : 42246039-5e8e-47a8-a  Date of Disbursement For: Other (specify)   Transaction ID : 42246039-5e8e-47a8-a  Date of Disbursement For: Other (specify)   Transaction ID : 42246039-5e8e-47a8-a  Date of Disbursement For: Other (specify)   Transaction ID : 42246039-5e8e-47a8-a  Date of Disbursement For: Other (specify)   Transaction ID : 42246039-5e8e-47a8-a  Date of Disbursement For: Other (specify)   Transaction ID : 42246039-5e8e-47a8-a  Date of Disbursement For: Other (specify)   Transaction ID : 42246039-5e8e-47a8-a  Date of Disbursement For: Other (specify)   Transaction ID : 42246039-5e8e-47a8-a  Date of Disbursement For: Other (specify)   Transaction ID : 42246039-5e8e-47a8-a  Date of Disbursement For: Other (specify)   Transaction ID : 42246039-5e8e-47a8-a  Date of Disbursement For: Other (specify)   Transaction ID : 42	City State Zip Cod	e	48.60
Purpose of Expenditure Mileage  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Tassaction ID : 42266039-5e86-4788-3 Date of Disbursement or Obligation  Transaction ID : 42266039-5e86-4788-3 Date of Disbursement or Obligation  Transaction ID : 42266039-5e86-4788-3 Date of Disbursement or Obligation  Transaction ID : 42266039-5e86-4788-3 Date of Disbursement or Obligation  Transaction ID : 42266039-5e86-4788-3 Date of Disbursement or Obligation  Transaction ID : 42266039-5e86-4788-3 Date of Disbursement or Obligation  Transaction ID : 42266039-5e86-4788-3 Date of Disbursement or Obligation  Transaction ID : 42266039-5e86-4788-3 Date of Disbursement or Obligation  Transaction ID : 42266039-5e86-4788-3 Date of Disbursement or Obligation  Transaction ID : 42266039-5e86-4788-3 Date of Disbursement or Obligation  Transaction ID : 42266039-5e86-4788-3 Date of Disbursement or Obligation  Transaction ID : 42266039-5e86-4788-3 Date of Disbursement or Obligation  Transaction ID : 42266039-5e86-4788-3 Date of Disbursement or Obligation  Transaction ID : 42266039-5e86-4788-3 Date of Public Distribution/Dissemination  Transaction ID : 42266039-5e86-4788-3 Date of Public Distributi		Tr	ansaction ID : 44925866-0fd4-4cb6-9
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Alice K Salazar  Mailing Address 605 W Houston St  City State Salary  Category/ Salary  Category/ Type  Office Sought:  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Tansaction ID : 422d6039-5e8e-47a8-a Date of Disbursement or Obligation  Tansaction ID : 422d6039-5e8e-47a8-a Date of Disbursement or Obligation  Office Sought:  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Tansaction ID : 422d6039-5e8e-47a8-a Date of Disbursement or Obligation  Office Sought:  House District:  O  President Seanle State:  AR  Date of Public Distribution/Dissemination  Tansaction ID : 422d6039-5e8e-47a8-a Date of Disbursement or Obligation  Office Sought:  House District:  O  Office Sought:  House District:  O  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Other (specify) ▶  Under penalty of perjury 1 certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  IElectronically Filed  Date	Mileage	ory/	M = M / D = D / Y = Y = Y
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Alice K Salazar  Mailing Address 605 W Houston St  City State Zip Code Marshall TX 75633  Category/ Type 001  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  (Electronically Filed)  Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  Tansaction ID : 4226033-58e-84-78-8- Date of Disbursement or Obligation  Tansaction ID : 4226033-58e-84-78-8- Date of Disbursement or Obligation  Tansaction ID : 4226033-58e-84-78-8- Date of Disbursement or Obligation  Tansaction ID : 4226033-58e-84-78-8- Date of Disbursement or Obligation  Tansaction ID : 4226033-58e-84-78-8- Date of Disbursement or Obligation  Tansaction ID : 4226033-58e-84-78-8- Date of Disbursement or Obligation  Tansaction ID : 4226033-58e-84-78-8- Date of Disbursement or Obligation  Tansaction ID : 4226033-58e-84-78-8- Date of Disbursement or Obligation  Tansaction ID : 4226033-58e-84-78-8- Date of Disbursement or Obligation  Tansaction ID : 4226033-58e-84-78-8- Date of Disbursement or Obligation  Tansaction ID : 4226033-58e-84-78-8- Date of Disbursement or Obligation  Tansaction ID : 4226033-58e-84-78-8- Date of Disbursement or Obligation  Tansaction ID : 4226033-58e-84-78-8- Date of Disbursement or Obligation  Tansaction ID : 4226033-58e-84-78-8- Date of Disbursement or Obligation  Tansaction ID : 4226033-58e-84-78-8- Date of Disbursement or Obligation  Tansaction ID : 4226033-58e-84-78-8- Date of Disbursement or Disbursement or Disbursement or Disbursement or Disbursement or Disbursement	Name of Federal Candidate	Support Office So	ought: House District:00
Per Election for Office Sought  Full Name of Payee Alice K Salazar  Malling Address 605 W Houston St  City State Zip Code Marshall TX 75633  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (e) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  [Electronically Filed]  Date  Other (specify) ▶  Date of Public Distribution/Dissemination  Amount  Amount  Transaction ID: 422d6039-5e8e-47a8-a Date of Disbursement or Obligation  Transaction ID: 422d6039-5e8e-47a8-a Date of Disbursement	Mr. Mark L Pryor	<b>=</b>	
Full Name of Payee Alice K Salazar  Mailing Address 605 W Houston St  City State Zip Code 60.00  Marshall TX 75633  Purpose of Expenditure Salary  Category/ 1/10 07 2014  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Category/ 152090.42  Category/ 152090.42  Category/ 152090.42  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Category/ 152090.42  Categor	400050.00		
Alice K Salazar  Mailing Address 605 W Houston St  City State Zip Code TX 75633  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calegory/ Oppose  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  10  00  Transaction ID: 422d6039-568e-47a8-a Date of Disbursement or Obligation  Transaction ID: 422d6039-568e-47a8-a Date of Disbursement or			Other (specify) ►
Mailing Address 605 W Houston St  City State Zip Code TX 75633  Purpose of Expenditure Salary  Name of Federal Candidate State Support Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures aparts or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Amount  Amou		Da	M = M / D = D / Y = Y = Y
Marshall  TX 75633  Transaction ID : 422d6039-5e8e-47a8-a Date of Disbursement or Obligation  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Type  Office Sought: House District: 00 President Senate State: LA  Disbursement For: Primary General  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date  Transaction ID: 422d6039-5e8e-47a8-a Date of Disbursement or Obligation  Transaction ID: 422d6039-5e8e-47a8-a Date of Disbursement or Obligation  To Disbursement For: Primary General  Other (specify) ▶  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	Mailing Address 605 W Houston St	Ar	
Marshall  TX 75633  Transaction ID : 422d6039-5e8e-47a8-a Date of Disbursement or Obligation  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Type  Office Sought: House District: 00 President Senate State: LA  Disbursement For: Primary General  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date  Transaction ID: 422d6039-5e8e-47a8-a Date of Disbursement or Obligation  Transaction ID: 422d6039-5e8e-47a8-a Date of Disbursement or Obligation  To Disbursement For: Primary General  Other (specify) ▶  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	City State Zip Cod	le F	60.00
Purpose of Expenditure Salary    Category/ Type   O01		Tra	ansaction ID : 422d6039-5e8e-47a8-a
Ms. Mary L Landrieu    Calendar Year-To-Date   President   Senate   State: LA	Calego	ory/ 001	M = M / D = D / Y = Y = Y
Calendar Year-To-Date Per Election for Office Sought  152090.42  Disbursement For: Primary General 2014  Other (specify) >  (a) SUBTOTAL of Itemized Independent Expenditures	Name of Federal Candidate	Support Office Sc	ought: House District: 00
Per Election for Office Sought  152090.42  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures	Ms. Mary L Landrieu	C Oppose Pre	esident Senate State: LA
(b) SUBTOTAL of Unitemized Independent Expenditures	4=000		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date  Date	(a) SUBTOTAL of Itemized Independent Expenditures	······	108.60
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(b) SUBTOTAL of Unitemized Independent Expenditures	······	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(c) TOTAL Independent Expenditures	· · ·	
[Electronically Filed] Date 10 08 2014	with, or at the request or suggestion of, any candidate or authorized committ		
Duto 10 10 10 10 10 10 10 10 10 10 10 10 10		. 31	

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OF

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report  48-hour report  New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Alice K Salazar	10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 605 W Houston St	Amount
City State Zip Code	46.20
Marshall TX 75633	Transaction ID : 4d65fa9e-c59b-4929-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 07 7 2014
Name of Federal Candidate Support Offic	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary
Full Name of Payee	
Adena V Smith	Date of Public Distribution/Dissemination  10 07 2014
Mailing Address 450 Judson Dr	Amount
City State Zip Code	60.00
Wake Forest NC 27587	Transaction ID : f8efb754-6957-4628-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 07 / 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disb 201	oursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	106.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 08 2014
Signature	

PAGE

OF

Schedule E)		PAGE 15 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Dat	e of Public Distribution/Dissemination
Katlyn P Bernardini	Dati	10 07 2014
Mailing Address 1326 East Field St	Am	ount
City State Zip Co	ode	10.00
Conway AR 72034	Tra	nsaction ID : f573e1c9-f611-4e7f-b e of Disbursement or Obligation
Purpose of Expenditure Salary  Category	gory/ Type 001	10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sou	ght: House District: 00
Mr. Mark L Pryor		sident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 136950.	Disbursem 2014	ent For: Primary
Full Name of Payee	Dat	te of Public Distribution/Dissemination
Katlyn P Bernardini		10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1326 East Field St		10 07 2014
	Am	ount
City State Zip Co	ode	6.00
Conway AR 72034	Tran	nsaction ID : 0f790f53-b0be-40f9-a te of Disbursement or Obligation
Purpose of Expenditure Mileage  Category	gory/ Type 002	10 / 07 / 2014
Name of Federal Candidate	Support Office Sou	ight: House District: 00
Mr. Mark L Pryor	X Oppose Pres	sident State: AR
Calendar Year-To-Date Per Election for Office Sought 1369	Disbursem 2014	nent For:
_		
(a) SUBTOTAL of Itemized Independent Expenditures	······	16.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7
(c) TOTAL Independent Expenditures	· _	
Under penalty of perjury I certify that the independent expenditures reporte with, or at the request or suggestion of, any candidate or authorized comm party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Formula   [Electronically Formula   Electronically   Elect	iled] Date 10	08 2014
Signature		

Mailing Address 1500 Martens Dr Apt B  City State Zip Code Hammond LA 70401  Purpose of Expenditure Salary  Category/ Type 001  Transaction ID: f12a7dc2-b22b-4 Date of Disbursement or Obligation	ination 114 50.00
Check if 24-hour report	50.00 19 <b>e3-8</b> n
Check if 24-hour report	50.00 19 <b>e3-8</b> n
Tim A Bachot  Mailing Address 1500 Martens Dr Apt B  City State Zip Code Hammond LA 70401  Purpose of Expenditure Salary  Category/ Type 001  Transaction ID: f12a7dc2-b22b-4 Date of Disbursement or Obligation	50.00 19 <b>e3-8</b> n
Mailing Address 1500 Martens Dr Apt B  City State Zip Code Hammond LA 70401  Purpose of Expenditure Salary  Category/ Type 001  Transaction ID: f12a7dc2-b22b-4 Date of Disbursement or Obligation	50.00 19e3-8
City State Zip Code  Hammond LA 70401  Purpose of Expenditure Salary  Category/ Type 001  Transaction ID: f12a7dc2-b22b-2 Date of Disbursement or Obligation	<b>9e3-8</b> n
Hammond  LA 70401  Transaction ID: f12a7dc2-b22b-4 Date of Disbursement or Obligation  Purpose of Expenditure Salary  Category/ Type  001  Transaction ID: f12a7dc2-b22b-4 Date of Disbursement or Obligation  07 20	<b>9e3-8</b> n
Hammond  LA 70401  Transaction ID: f12a7dc2-b22b-4 Date of Disbursement or Obligation  Purpose of Expenditure Salary  Category/ Type  001  Transaction ID: f12a7dc2-b22b-4 Date of Disbursement or Obligation  07 20	n Y Y Y
Salary Type 001 10 07 2	
Name of Federal Candidate	
Name of Federal Candidate Support Office Sought: House District:	00
Ms. Mary L Landrieu	LA
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary   2014  Other (specify) ▶	General
Full Name of Payee Date of Public Distribution/Dissem	ination
	014
Mailing Address 1500 Martens Dr Apt B Amount	
City State Zip Code	23.40
Hammond LA 70401 Transaction ID : a93f58f3-ff2a-489 Date of Disbursement or Obligation	
	)14
Name of Federal Candidate Support Office Sought: House District:	00
Ms. Mary L Landrieu	LA
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary  2014  Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures	3.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date 10 08 2014	

		FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
vvom	nen Speak Out PAC	C C00530766
Check if	24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Name of Payee	Date of Public Distribution/Dissemination
	sa Booth	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mail	ing Address 1434 South Avenue	Amount
City	State Zip Code	100.00
Ede		Transaction ID: 9099a3c8-5d2b-4758-8 Date of Disbursement or Obligation
Purp Sal	cose of Expenditure ary Category/ Type 001	10 07 2014
Nan	ne of Federal Candidate Support Office	Sought: House District: 00
Ms.	Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbur 2014	sement For: Primary
Full	Name of Payee	Date of Public Distribution/Dissemination
	sa Booth	10 07 2014
Mai	ling Address 1434 South Avenue	Amount
City	State Zip Code	17.25
Ed		Transaction ID: 8399f2a1-2c4c-4253-9 Date of Disbursement or Obligation
	pose of Expenditure eage Category/ Type 002	10 07 / 2014
Nar	ne of Federal Candidate Support Office	Sought: House District: 00
Ms	Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary
(a) S	SUBTOTAL of Itemized Independent Expenditures	117.25
(b) S	SUBTOTAL of Unitemized Independent Expenditures	4 4
(c) T	**OTAL Independent Expenditures	
with,	r penalty of perjury I certify that the independent expenditures reported herein were not may or at the request or suggestion of, any candidate or authorized committee or agent of either, committee) any political party committee or its agent.	
-	Ms. Emily Buchanan [Electronically Filed] Date 10	08 2014
Si	gnature	

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OF

Sch	edule E)				PAGE 18 OF 108 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC				C C00530766
Chec	k if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	* M / D = D / Y = Y = Y
TE	Full Name of Payee			Data (	f Public Distribution/Discomination
	Corey S McKnight				of Public Distribution/Dissemination  10 07 2014
M	Mailing Address 1510 Bailey St			Amour	nt
C	City	State	Zip Code		70.00
L	West Monroe	LA	71292		action ID : c05fa796-cfa4-4b7f-9 of Disbursement or Obligation
_	Purpose of Expenditure Salary		Category/ Type 001		10 07 / 2014
Ν	lame of Federal Candidate		Support	Office Sough	t: House District: 00
ľ	Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	1	152090.42	Disbursement 2014 Of	t For: Primary X General
				Date of	of Public Distribution/Dissemination
	Eva w Johnston			M	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 2517 N 47th St			Amou	nt
	Dity	State	Zip Code	-	55.00
- 1	Milwaukee	WI	53210	Transa Date	ction ID : 1b8bf8f8-9e2e-46fc-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 07 / 2014
٦	Name of Federal Candidate		Support	Office Sough	t: House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	152090.42	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a)	) SUBTOTAL of Itemized Independent Expenditures	S		• [	125.00
(b)	) SUBTOTAL of Unitemized Independent Expenditu	ures			
(c)	) TOTAL Independent Expenditures			· [	
wit	nder penalty of perjury I certify that the independer th, or at the request or suggestion of, any candidate try committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	cically Filed] Date	M M /	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature				

· · · · · · · · · · · · · · · · · ·		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M M / D D / Y Y Y Y Y
Full Name of Payee	D	Date of Public Distribution/Dissemination
Lourdes Lopez		10 07 2014
Mailing Address 2936 Brushwood Ave	A	amount
City Sta	te Zip Code	30.00
Springdale Af	R 72764 <b>T</b>	ransaction ID : e00ef28f-9e9a-4b60-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 07 2014
Name of Federal Candidate	Support Office S	ought: House District: 00
Mr. Mark L Pryor	Oppose Pr	resident X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	136950.69 Disburse 2014	ement For: Primary
Full Name of Payee Lourdes Lopez  Mailing Address 2936 Brushwood Ave		Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sta	te Zip Code	3.60
Springdale Al	R 72764 <b>Tr</b>	ansaction ID : b64a1df6-c767-4e25-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation  10 07 2014
Name of Federal Candidate	Support Office S	lought: House District: 00
Mr. Mark L Pryor	Oppose Pr	resident State: AR State:
Calendar Year-To-Date Per Election for Office Sought	136950.69 Disburse 2014	ement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······	33.60
(b) SUBTOTAL of Unitemized Independent Expenditures.	· · · · · · · · · · · · · · · · · · ·	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of either, or	
Ms. Emily Buchanan Signature	[Electronically Filed] Date 10	08 2014
Signature		

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OF

			FOR SE OF	FORM 24/48
	F COMMITTEE (In Full)	FEC	IDENTIFICATI	ON NUMBER ▼
vvom	en Speak Out PAC	С	C00530766	
Check if	24-hour report X 48-hour report New report Amends report filed on	M = M	/ D D /	Y   Y   Y   Y   Y
		e of Pul	blic Distribution	/Dissemination
	ancesca Blom	10	07	2014
Mail	ng Address 101 Asbury Ct	ount		
City	State Zip Code			80.00
Wir			n ID: 2fcc5a78 sbursement or	
Purp Sala	ose of Expenditure  Category/ Type 001	10	07	2014
Nam	e of Federal Candidate Support Office Sou	ght:	House	District: 00
Ms.	Mary L Landrieu Oppose Presi	ident	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014		: Primary	/     General
			blic Distribution	/Dissemination
Mail	ing Address 3738 Woodland Ridge Blvd Ame	10 ount	07	2014
City	State Zip Code	-		5.00
	on Rouge LA 70816 <b>Tran</b>		n ID: 83401a81 sbursement or	-5ba8-47af-8
Purp Sal	ose of Expenditure	10 <sup>M</sup>	07	2014
Nan	e of Federal Candidate Support Office Sou	ght:	House	District:00
Ms.	Mary L Landrieu	ident	Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014		: Primary	y X General
(a) S	UBTOTAL of Itemized Independent Expenditures		7	85.00
(b) S	UBTOTAL of Unitemized Independent Expenditures		7 7	
(c) T	OTAL Independent Expenditures		7	
with,	penalty of perjury I certify that the independent expenditures reported herein were not made in or at the request or suggestion of, any candidate or authorized committee or agent of either, or (committee) any political party committee or its agent.			
<u> </u>	Ms. Emily Buchanan [Electronically Filed] Date 10	/ 08	3 / 20	
Si	gnature			

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OF

Schedule E)	DENT EXTEND	ITOTILO	<u> </u>	PAGE 21 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public I	Distribution/Dissemination
Charleen Ecuyer			10	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3738 Woodland Ridge Blvd			Amount	
City	State	Zip Code		5.00
Baton Rouge	LA	70816		: 43d645b2-6874-4602-b ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	7 7	152090.42	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Charleen Ecuyer			10 /	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3738 Woodland Ridge Blvd			Amount	
City	State	Zip Code		1.50
Baton Rouge	LA	70816		7cdbbcd6-eafc-42e0-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		152090.42	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Exper	ditures			6.50
			7	7-1-7-1
(b) SUBTOTAL of Unitemized Independent Exp	penditures		<b>&gt;</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the inder with, or at the request or suggestion of, any caparty committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 08	2014
<b>3</b>				

Schedule E)	PAGE 22 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amen	nds report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Chelsey Waite	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3738 Woodland Ridge Blvd	Amount
City State Zip Code	5.00
Baton Rouge LA 70816	Transaction ID: f28fd502-9d44-4fa7-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	001 10 07 Y Y Y Y Y Y
Name of Federal Candidate	pport Office Sought: House District: 00
Ma Manual Landers	pose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  152090.42	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Virginia M Stevens	10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1691 Fork Mtn Rd	Amount
City State Zip Code	30.00
Bakersville NC 28705	Transaction ID : 0b3cee01-02c8-42a8-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	001
Name of Federal Candidate Su	pport Office Sought: House District: 00
Ms. Kay Hagan Op	pose President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 973252.35	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	35.00
(b) SUBTOTAL of Unitemized Independent Expenditures	············
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Signature	Date 10 08 2014

Sch	nedule E)	L/11 = 112.	101120				PAGE 23 OF 1 FOR SE OF FORM 24/4	08 18
	ME OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUMBER	
W	omen Speak Out PAC						C00530766	
Ched	ck if 24-hour report X 48-hour report	New repo	ort Amena	ds repor	rt filed on	M /	D = D / Y = Y = Y	Y
	Full Name of Payee Virginia M Stevens					- M /	Distribution/Dissemination	
1	Mailing Address 1691 Fork Mtn Rd				Amou	10 nt	07 2014	
	City	State	Zip Code		—  I		14.4	40
	Bakersville	NC	28705				D: a55e56d7-0892-4c5e rsement or Obligation	_
	Purpose of Expenditure Mileage		Category/ Type	002		10 /	07 / 2014	Y
Ī	Name of Federal Candidate		Sup	port	Office Sough	t:	House District: 0	00
	Ms. Kay Hagan		У Орр		Preside	_	Senate State: N	IC
	Calendar Year-To-Date Per Election for Office Sought	g	973252.35		Disbursement 2014 Or	t For: ther (sp	Primary	ieral
	Full Name of Payee Malinda Ledford					of Public	Distribution/Dissemination	
	Mailing Address 44 Bell Street Ext				Amou	nt		
	City	State	Zip Code				30.00	0
	Spruce Pine	NC	28777		Transa Date	ction ID of Disbu	: 46bbba6c-f86d-42b7-srsement or Obligation	9
	Purpose of Expenditure Salary		Category/ Type	001		10	07 / 2014	Y
	Name of Federal Candidate		Sup	port	Office Sough	t:	House District: 0	00
	Ms. Kay Hagan		<b>Х</b> Орр	ose	Preside	ent >	Seriale State:	IC
	Calendar Year-To-Date Per Election for Office Sought		973252.35		Disbursemen 2014 O	t For: ther (sp	Primary X Ger	neral
(a	a) SUBTOTAL of Itemized Independent Expenditures	ş			· [		44.40	
(t	b) SUBTOTAL of Unitemized Independent Expenditur	res			· [	7		
(0	C) TOTAL Independent Expenditures				· [		1 7 1 7	
W	Inder penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	e or authorized						
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	10 /	08	2014	
	Signature							

Schedule E)	EXI END	ITOTILO		PAGE 24 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends rep	port filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Malinda Ledford			Date	of Public Distribution/Dissemination
Mailing Address 44 Bell Street Ext			Amo	10 07 2014 unt
City	State	Zip Code	— r	14.40
Spruce Pine	NC	28777		saction ID: 5001978a-601b-4230-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	2	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Kay Hagan		X Oppose	Presid	dent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		973252.35	Disburseme 2014	ent For: Primary X General Other (specify) ▶
Full Name of Payee			Date	e of Public Distribution/Dissemination
Heather A Smith				10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 995 Clairborne Rd			Amo	
City	State	Zip Code		46.00
Calhoun	LA	71225		saction ID : 3281c842-0a1f-474b-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Soug	ght: House District: 00
Ms. Mary L Landrieu		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	152090.42	Disburseme 2014	ent For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	S			60.40
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		,	
				7 7 7
(c) TOTAL Independent Expenditures			···· <b>&gt;</b>	7 1 7 1 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Da	te 10	08 2014
Signature				

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Heather A Smith	10 07 2014
	Mailing Address 995 Clairborne Rd	Amount
	City State Zip Code	19.80
	Calhoun LA 71225	Transaction ID: 8d4b40d0-da3d-4f69-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 152090.42  Disbut 2014	ursement For: Primary X General
	Per Liection for Office Sought	Other (specify)
	Full Name of Payee Benjamin L Heitman	Date of Public Distribution/Dissemination
	Mailing Address 2520 Helmstetler Rd	10 07 2014 Amount
	City State Zip Code	50.00
	Lexington NC 27295	Transaction ID : 3899abd1-8773-498a-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	69.80
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		0 08 2014
	Signature	

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OF

Schedule E)	PAGE 26 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed or	n M = M / D = D / Y = Y = Y
Full Name of Payee Benjamin L Heitman	Date of Public Distribution/Dissemination
Mailing Address 2520 Helmstetler Rd	10 07 2014 Amount
	3.30  Transaction ID: d37058e8-639c-4e51-9  Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 07 Y 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
Me Kay Hagan	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	ement For: Primary X General  Other (specify) ▶
Full Name of Payee Sarah Bassil	Date of Public Distribution/Dissemination
Mailing Address 7650 Fallswood Way	10 07 2014 Amount
City State Zip Code	10.00
Lorton VA 22079	ransaction ID : d47553de-1721-4925-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 07 7 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
	President State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures	13.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, a party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	08 / 2014

Schedule E)	011. 01. 11.12. 2.12	/EIII E/II EIIS	110.120		PAGE 27 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTER					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
Check if 24-hour r	eport X 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payer Zachary R M	cCleese			M	f Public Distribution/Dissemination
Mailing Address 32	23 Rolling Pines Dr			Amour	10 07 2014
City		State	Zip Code		70.00
Spring Lake		NC	28390		action ID: 3577d965-73f6-4417-b  f Disbursement or Obligation
Purpose of Expend Salary	iture		Category/ Type 001	М	10 07 / 2014
Name of Federal C	andidate		Support	Office Sought	: House District: 00
Mr. Mark L Pryor			Oppose	Preside	
Calendar Year- Per Election fo	To-Date or Office Sought	, , ,	136950.69	Disbursement 2014 Ot	For: Primary
Full Name of Payer Zachary R Mo				M	of Public Distribution/Dissemination
City		State	Zip Code	<u> </u>	63.60
Spring Lake		NC	28390		ction ID : 424ae73b-92c3-4185-9 of Disbursement or Obligation
Purpose of Expend Mileage	iture		Category/ Type 002	M	10 07 2014
Name of Federal C	andidate		Support	Office Sought	t: House District: 00
Mr. Mark L Pryor			Oppose	Preside	
Calendar Year- Per Election fo	-To-Date or Office Sought		136950.69	Disbursement 2014 Ot	t For: Primary X General
(a) SUBTOTAL of It	emized Independent Expen	ditures		· [	133.60
(b) SUBTOTAL of U	Initemized Independent Exp	penditures		· •	7 1 7 1 7
(c) TOTAL Independ	dent Expenditures			· .	
with, or at the reque		ndidate or authorized			coperation, consultation, or concert he reporting entity is not a political
	ily Buchanan	[Electron	nically Filed] Date	10	08 2014
Signature					

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 28 OF 108 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC	vomen Speak Out FAC						
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on				
Full Name of Payee			Date of Public Distribution/Dissemination				
Kevin L Battle			10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 3300 Asher Ave			Amount				
City	State	Zip Code	70.00				
Little Rock	AR	72204	Transaction ID: 4726eeba-bb46-4cd8-9 Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	10 / 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Mr. Mark L Pryor		X Oppose	President Senate State: AR				
Calendar Year-To-Date Per Election for Office Sought	.,,	136950.69	Disbursement For: Primary				
Full Name of Payee			Date of Public Distribution/Dissemination				
Kevin L Battle			10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 3300 Asher Ave			Amount				
City	State	Zip Code	36.90				
Little Rock	AR	72204	Transaction ID: 80e20856-83c4-4280-9 Date of Disbursement or Obligation				
Purpose of Expenditure Mileage		Category/ Type 002	10 07 7 2014				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Mr. Mark L Pryor		Oppose	President Senate State: AR				
Calendar Year-To-Date Per Election for Office Sought	7 7	136950.69	Disbursement For:				
(a) SUBTOTAL of Itemized Independent Expen	ditures		. ▶ 106.90				
(4) 332 13 12 3			7 7 7				
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•				
(c) TOTAL Independent Expenditures			<b>&gt;</b>				
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political				
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 08 2014				
-							

Schedule E)	L/( L/( )			PAGE 29 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			1	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y Y
Full Name of Payee			Date of	f Public Distribution/Dissemination
Eric J Smith				10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4967 Dysartville			Amoun	t
City	State	Zip Code		24.60
Morganton	NC	28655		oction ID : c58b0a95-6512-4bbe-b  f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	: House District:00
Ms. Kay Hagan		Oppose	Preside	NO
Calendar Year-To-Date Per Election for Office Sought	5	973252.35	Disbursement 2014 Ott	For: Primary
Full Name of Payee			Date o	f Public Distribution/Dissemination
Janet Morris				10 07 2014
Mailing Address 620 Old Barbome Rd Lot 2			Amoun	لىنىا لنا ك
City West Monroe	State LA	Zip Code 71291	Transac	27.50 ction ID : 6c4fef29-d57c-4399-b
Purpose of Expenditure		Onto marrid		f Disbursement or Obligation
Salary		Category/ Type 001		10 07 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		152090.42	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	52.10
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	
(c) TOTAL Independent Expenditures			<b>•</b>	7 7 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / 10	08 2014
Signature		_ i buto		

Sched	lule E)		101120		PAGE 30 OF 108 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Won	nen Speak Out PAC				C C00530766
Check i	f 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	= M / D = D / Y = Y = Y = Y
	Name of Payee s. Tonya Boyd				of Public Distribution/Dissemination
	ling Address 2357 Fancy Cap Rd			Amou	10 07 2014
				7.1110.51	
City		State NC	Zip Code	Trans	70.00
	Airy	NC .	27030		action ID: 0c1cc451-863f-4770-b of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001	М	10 07 7 2014
Nar	ne of Federal Candidate		Support	Office Sough	t: House District: 00
Ms	. Kay Hagan		Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	9	73252.35	Disbursemen 2014 O	t For: Primary X General
	Name of Payee				of Public Distribution/Dissemination
M	s. Tonya Boyd			IV	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mai	iling Address 2357 Fancy Cap Rd				للنبا لنا ك
				Amou	nt
City	/	State	Zip Code		15.24
	. Airy	NC	27030		of Disbursement or Obligation
	pose of Expenditure leage		Category/ Type 002		10 07 / 2014
Nar	ne of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms	. Kay Hagan		Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, ,	973252.35	Disbursemen 2014 O	nt For:
(a) \$	SUBTOTAL of Itemized Independent Expenditures	3		•	85.24
(b) S	SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) T	TOTAL Independent Expenditures			•	7 1 7 1 7
with,	er penalty of perjury I certify that the independent or at the request or suggestion of, any candidate committee) any political party committee or its a	e or authorized			
_	Ms. Emily Buchanan	[Electroni	ically Filed] Date	10	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	ignature				

					FOR S	E OF FORM 24/48
NAME OF COMMITTEE (II					FEC IDENTIFIC	CATION NUMBER ▼
Women Speak Ou	IL PAC				C C00530	766
Check if 24-hour repo	rt 🔀 48-hour report	New report	Amends repo		M	/ Y = Y = Y
Full Name of Payee				Date	of Public Distrib	ution/Dissemination
Joneisha Stewa	art			N.	10 07	2014
Mailing Address 2329	Runnymede Dr			Amou	int	
City	State	e Zip Cod	e			40.00
Marrero	LA	70072			saction ID : 4cbl of Disbursement	ocb0e-1b81-4554-8 t or Obligation
Purpose of Expenditure Salary		Catego	ory/ vpe 001		10 / 07	
Name of Federal Cand	idate		Support	Office Sough	nt: Hous	e District: 00
Ms. Mary L Landrieu		>	Oppose	Preside	ent X Sena	te State: <u>LA</u>
Calendar Year-To-l Per Election for O		152090.42	2	Disbursemer 2014	nt For: Pri	mary X General
Full Name of Payee Joneisha Stewar	t			Date		ution/Dissemination
Mailing Address 232	9 Runnymede Dr			Amou	unt	
City	Stat	e Zip Cod	е			6.60
Marrero	LA	70072			action ID : b449 of Disbursemen	117d-c2e5-44bc-a t or Obligation
Purpose of Expenditure Mileage	9	Catego	ory/ vpe 002		10 / 07	
Name of Federal Cano	lidate		Support	Office Sough	nt: Hous	se District: 00
Ms. Mary L Landrieu		>	Oppose	Presid	ent X Sena	ate State: LA
Calendar Year-To- Per Election for C		15209	0.42	Disbursemer 2014	nt For: Pr Other (specify) ▶	imary X General
(a) SUBTOTAL of Itemi	zed Independent Expenditures			· [	1 7 1 1	46.60
(b) SUBTOTAL of Unite	mized Independent Expenditures			•		4
(c) TOTAL Independent	Expenditures			•	3	7
with, or at the request of	r I certify that the independent expression of, any candidate or litical party committee or its agent.	authorized committ				
Ms. Emily B	uchanan	[Electronically File	d] Date	10	08	2014
Gigilatule						

PAGE

OF

Schedule E)	A ENDITORIES	PAGE 32 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed	d on Mam / Dab / Yayayay
Full Name of Payee Krystal A Wilson		Date of Public Distribution/Dissemination
Mailing Address 448 Judson Dr		10 07 2014
		Amount
City Stat		60.00
Wake Forest NC	27587	Transaction ID: 5241a485-f69d-49f2-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	973252.35 Disb 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Krystal A Wilson		M M / D D / Y Y Y Y
Mailing Address 448 Judson Dr		10 07 2014
110 0000011 21		Amount
City Stat	e Zip Code	2.10
Wake Forest NC	27587	Transaction ID : 128167f6-245b-4f77-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 / 07 / 2014
Name of Federal Candidate	Support Office	ee Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	973252.35 Disk 201	oursement For: Primary General  Other (specify)
	,	
(a) SUBTOTAL of Itemized Independent Expenditures	·····	62.10
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	<b>•</b>	
Under penalty of perjury I certify that the independent ext with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of either	
Ms. Emily Buchanan	[Electronically Filed] Date	10 08 2014
Signature	_	

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	ed on Man / Dan / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Carla K Pilgreen	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 212 Stonecliff Dr	Amount
City State Zip Code	67.50
West Monro LA 71291	Transaction ID : 5c2b8656-6681-41b9-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	10 / 07 / 2014
Name of Federal Candidate Support Off	fice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought  Discussion 152090.42	sbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Carla K Pilgreen	Date of Public Distribution/Dissernination  10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 212 Stonecliff Dr	Amount
City State Zip Code	16.35
West Monro LA 71291	Transaction ID: 2e33828f-ca88-458d-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 07 / 2014
Name of Federal Candidate Support Off	fice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
	sbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	83.85
(b) SUBTOTAL of Uniternized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	M
Signature	

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OF

<b>,</b>			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New report	Amends report filed	on M M / D D / Y Y Y Y
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination
· ·			10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 600 W Vine Ave			Amount
City	State Zip Code		80.00
Searcy	AR 72143		Transaction ID: 635dda70-027e-4711-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Categor Typ		10 07 7 2014
Name of Federal Candidate		Support Office	Sought: House District: 00
Mr. Mark L Pryor	X	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	136950.69		rsement For: Primary General  Other (specify) ▶
Full Name of Payee Stuart T Haley  Mailing Address 600 W Vine Ave			Date of Public Distribution/Dissemination  10 07 2014  Amount
			Amount
City	State Zip Code		67.50
Searcy	AR 72143		Transaction ID: 52ab7d03-8d11-4418-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Categor Typ		10 07 2014
Name of Federal Candidate		Support Office	Sought: House District: 00
Mr. Mark L Pryor	×	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	136950		rsement For: Primary
(a) SUBTOTAL of Itemized Independent Expe	enditures	·····	147.50
(b) SUBTOTAL of Unitemized Independent E	xpenditures	·····	
(c) TOTAL Independent Expenditures		······	1 4 1 4 1 6
Under penalty of perjury I certify that the indwith, or at the request or suggestion of, any oparty committee) any political party committee	andidate or authorized committe		
Ms. Emily Buchanan Signature	[Electronically Filed	Date 10	0 08 2014
Olghaturo			<del></del>

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OF

Schedul	le E)		1101120		PAGE 35 OF 108 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	ame of Payee e M Gentry			M	f Public Distribution/Dissemination
Mailing	g Address 314 S Main St			Amour	10 07 2014
City		State	Zip Code		50.00
Roxbo	oro	NC	27573		action ID : 116f263b-89af-4b86-9  f Disbursement or Obligation
Purpos Salary	se of Expenditure		Category/ Type 001		10 07 / 2014
Name	of Federal Candidate		Support	Office Sought	: House District: 00
Ms. K	ay Hagan		X Oppose	Preside	NO.
-	alendar Year-To-Date er Election for Office Sought	9	973252.35	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Julie	ame of Payee M Gentry				of Public Distribution/Dissemination
Mailing	g Address 314 S Main St			Amour	nt
City		State	Zip Code		14.10
Roxbo		NC	27573	Transa Date of	ction ID: 2962995c-34b6-491f-9 of Disbursement or Obligation
Milea	se of Expenditure ge		Category/ Type 002		10 07 / 2014
1	of Federal Candidate		Support	Office Sought	t: House District:00
Ms. K	ay Hagan		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, ,	973252.35	Disbursement 2014 Of	t For: Primary X General
(a) SUI	BTOTAL of Itemized Independent Expenditure	es			64.10
(b) SUI	BTOTAL of Unitemized Independent Expendit	tures		•	
(c) TO1	FAL Independent Expenditures			•	7 1 7 1 7 1
with, or	penalty of perjury I certify that the independent at the request or suggestion of, any candidate ammittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	08 2014
Sign	ature				

Sched	lule E)	MI EX EILE.			PAGE 36 OF 108 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	nen Speak Out PAC				C C00530766
Check is	f 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full	Name of Payee nristopher Marquess			M	f Public Distribution/Dissemination
Mai	ling Address 110 W Pecan St			Amoun	10 07 2014 t
City		State	Zip Code		50.00
1	e Platte	LA	70586		action ID : 15ea9744-84f7-40ac-b f Disbursement or Obligation
Pur <sub>l</sub> Sal	pose of Expenditure ary		Category/ Type 001		10 07 2014
Nan	ne of Federal Candidate		Support	Office Sought	: House District: 00
Ms	Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, 1	52090.42	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
	Name of Payee nristopher Marquess			M	f Public Distribution/Dissemination
Mai	ling Address 110 W Pecan St			Amour	nt
City	,	State	Zip Code		34.50
	pose of Expenditure	LA	70586	Transac Date o	ction ID: 4858aec9-a540-4237-9 If Disbursement or Obligation
	eage		Category/ Type 002		10 7 2014
Nar	ne of Federal Candidate		Support	Office Sought	: House District: 00
Ms	. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		152090.42	Disbursement 2014 Ot	For: Primary
(a) S	SUBTOTAL of Itemized Independent Expendit	tures		· [	84.50
(b) S	SUBTOTAL of Unitemized Independent Exper	nditures		· •	7 7 7
(c) T	TOTAL Independent Expenditures			•	7
with,	r penalty of perjury I certify that the indeper or at the request or suggestion of, any cand committee) any political party committee or	lidate or authorized			
_	Ms. Emily Buchanan	[Electron	ically Filed] Date	10 /	08 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Si	gnature				

Schedule I	E)		1101120		PAGE 37 OF 108 FOR SE OF FORM 24/48
	DMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women :	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	" M / D = D / Y = Y = Y
Full Name Joshu	e of Payee a D Syrotchen				of Public Distribution/Dissemination
Mailing A	ddress 915 East Market Ave			Amour	10 07 2014 nt
City		State	Zip Code		55.00
Searcy		AR	72149		action ID: 4975a4a8-7c9f-49ce-8 of Disbursement or Obligation
Purpose of Salary	of Expenditure		Category/ Type 001		10 07 2014
Name of	Federal Candidate		Support	Office Sough	t: House District:00
Mr. Mark	L Pryor		X Oppose	Preside	ent Senate State: AR
	ndar Year-To-Date Election for Office Sought		136950.69	Disbursement 2014 Of	t For: Primary X General
	e of Payee a D Syrotchen ddress 915 East Market Ave				of Public Distribution/Dissemination
City		State	Zip Code	-	56.10
Searcy		AR	72149	Transa Date o	ction ID : 8c7ea87b-a4da-4fff-a of Disbursement or Obligation
Purpose Mileage	of Expenditure		Category/ Type 002		10 07 7 2014
Name of	Federal Candidate		Support	Office Sough	t: House District:00
Mr. Mark	L Pryor		X Oppose	Preside	ent Senate State: AR
	ndar Year-To-Date Election for Office Sought		136950.69	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTO	OTAL of Itemized Independent Expend	itures		<b>•</b>	111.10
(b) SUBTO	<b>DTAL</b> of Unitemized Independent Expe	nditures		•	
(c) TOTAL	Independent Expenditures			•	7 1 7 1 7
with, or at	alty of perjury I certify that the indepe the request or suggestion of, any can nittee) any political party committee or	didate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	m m /	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signatu	re				

Schedule E)	PAGE 38 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed or	M = M / D = D / Y = Y = Y
Full Name of Payee April E Madrid	Date of Public Distribution/Dissemination
Mailing Address 2153 Sweet Bay Circle	10 07 2014 Amount
City State Zip Code	20.00
Bossier City LA 71111	Fransaction ID: f9920899-5f53-483b-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	10 07 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
Ms. Mary L Landrieu Oppose	resident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For:
Full Name of Payee April E Madrid	Date of Public Distribution/Dissemination
Mailing Address 2153 Sweet Bay Circle	10 07 2014 Amount
City State Zip Code	5.70
	ransaction ID: b27d588a-43b4-4264-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 07 7 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
	resident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	25.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

NAME OF COMMITTEE (In Full) Women Speak Out PAC C C0053076	ATION NUMBER ▼
Women Speak Out PAC	
O tustos.	66
Check if 24-hour report X 48-hour report New report Amends report filed on	/ Y = Y = Y
Full Name of Payee Date of Public Distribut	ion/Dissemination
Marilyn A Holt	2014
Mailing Address 314 Tumbleweed Dr  Amount	
City State Zip Code	30.00
Winston Salem NC 27127 Transaction ID : 2a3bb Date of Disbursement of	
Purpose of Expenditure Salary  Category/ Type 001 10 07	2014
Name of Federal Candidate Support Office Sought: House	District:00
Ms. Kay Hagan	State: NC
Calendar Year-To-Date Per Election for Office Sought  973252.35  Disbursement For: □ Prim 2014 □ Other (specify) ▶	nary X General
Full Name of Payee Date of Public Distribut	tion/Dissemination
Marilyn A Holt	2014
Mailing Address 314 Tumbleweed Dr Amount	
City State Zip Code	12.30
Winston Salem NC 27127 Transaction ID : d62206 Date of Disbursement	
Purpose of Expenditure Mileage  Category/ Type  002  10  07	2014
Name of Federal Candidate Support Office Sought: House	District: 00
Ms. Kay Hagan Oppose President Senate	e State: NC
Calendar Year-To-Date Per Election for Office Sought  Per Election for Office Sought  Disbursement For: □ Prim 2014  Other (specify) ▶	nary X General
(a) SUBTOTAL of Itemized Independent Expenditures	42.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, cons with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entiparty committee) any political party committee or its agent.	
(7) ( ) 11 7) 12	<sup>Y</sup> 2014

Sche	edule E)	XI =:\:	101.20		PAGE 40 OF 108 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	men Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends re	port filed	on M = M / D = D / Y = Y = Y
Fu	ull Name of Payee Ruthie M Thompson				Date of Public Distribution/Dissemination
М	ailing Address 286 Wrenn Drive				10 07 2014 Amount
Ci	exington Sta		Zip Code 27292		30.00 Transaction ID: e2b215cd-f9cf-4f34-9
	urpose of Expenditure Salary		Category/ Type 00	11	Date of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	ame of Federal Candidate		Support	Office	Sought: House District: 00
Ν	1s. Kay Hagan		X Oppose		President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	9	73252.35	Disbu 2014	rsement For: Primary X General  Other (specify) ▶
F	ull Name of Payee Ruthie M Thompson lailing Address 286 Wrenn Drive				Date of Public Distribution/Dissemination  10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
С	ity Sta	ite	Zip Code		3.00
	exington N	С	27292		Transaction ID : 64e826d0-75d1-4b89-b Date of Disbursement or Obligation
	urpose of Expenditure Mileage		Category/ Type 00:	2	10 07 Y 2014
N	ame of Federal Candidate		Support	Office	Sought: House District: 00
N	ls. Kay Hagan		X Oppose		President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		973252.35	Disbu 2014	rsement For:
(a)	SUBTOTAL of Itemized Independent Expenditures			····· <b>&gt;</b>	33.00
(b)	SUBTOTAL of Unitemized Independent Expenditures.			···· <b>&gt;</b>	
(c)	TOTAL Independent Expenditures			····· <b>•</b>	
with	der penalty of perjury I certify that the independent ex n, or at the request or suggestion of, any candidate or ty committee) any political party committee or its agen	authorized			
-	Ms. Emily Buchanan	[Electroni	cally Filed] Da	ate 10	08 2014
	Signature				

Schedule E)	ENT EXICIO	TIONES		41 OF 108 OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICA	TION NUMBER ▼
Women Speak Out PAC			C C0053076	6
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	/
Full Name of Payee Timothy Foley			Date of Public Distribution	on/Dissemination
			10 / 07	2014
Mailing Address 20679 Glenbrook Terrace			Amount	
City	State	Zip Code		50.00
Sterling	VA	20165	Transaction ID : dcf88a Date of Disbursement o	
Purpose of Expenditure Salary		Category/ Type 001	10 / 07	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Mr. Mark L Pryor		X Oppose	President X Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought		136950.69	Disbursement For: Prima 2014 Other (specify) ▶ _	ary X General
Full Name of Payee			Date of Public Distributi	on/Dissemination
Timothy D Heitman			10 / D D	2014
Mailing Address 2520 Helmstetler Rd			Amount	
City	State	Zip Code		40.00
Lexington	NC	27295	Transaction ID: 68cad8 Date of Disbursement of	
Purpose of Expenditure Salary		Category/ Type 001	10 / D D D 07	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Ms. Kay Hagan		Oppose	President X Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	973252.35	Disbursement For: Prima 2014 Other (specify) ▶ _	ary X General
(a) SUBTOTAL of Itemized Independent Expendent	ditures		•	90.00
(b) SUBTOTAL of Unitermized Independent Exp	enditures		<b>)</b>	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		2014

Schedule E)	ones.	PAGE 42 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed of	on M M / D D / Y Y Y Y Y
Full Name of Payee Timothy D Heitman		Date of Public Distribution/Dissemination
Mailing Address 2520 Helmstetler Rd		10 07 2014 Amount
City State 70	- 0-40	7.96
1 '	p Code 7295	7.86  Transaction ID : 77017742-f3fc-44df-9  Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 07 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Kay Hagan		President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 973:	252.35 Disbur 2014	sement For:  Primary
Full Name of Payee Tolicia J Colbert		Date of Public Distribution/Dissemination  10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 49 Sharon Circle		Amount 2014
City State Zi	p Code	50.00
	2058	Transaction ID : 7a14390b-dbee-4002-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / 07 / 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Mr. Mark L Pryor	∑ Oppose □	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	136950.69 Disbur 2014	rsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		57.86
	,	
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronical	Ily Filed] Date 10	08 2014
Signature		

Schedule E)				PAGE 43 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	/ D D / Y D Y D Y
Full Name of Payee Tolicia J Colbert			Date of F	Public Distribution/Dissemination
Mailing Address 49 Sharon Circle			10 Amount	
07:	01-1-	7% Oada		2.40
City Greenbrier	State AR	Zip Code 72058		2.10 ion ID : 2e9cb932-2fc3-4c9e-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		136950.69	Disbursement For 2014 Other	or: Primary X General r (specify) ▶
Full Name of Payee Patrice Wolfe			Date of F	
Mailing Address 9909 Treasure Hill Rd			Amount	
City	State	Zip Code		20.00
Little Rock	AR	72205	Transaction Date of D	on ID : 3f841495-3e8a-498a-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	136950.69	Disbursement For 2014 Othe	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		<b>•</b>	22.10
(b) SUBTOTAL of Unitemized Independent Expendit	tures			
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

· · · · ,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
Women Opeak Out FAO		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Patrice Wolfe	Date	e of Public Distribution/Dissemination
		10 07 2014
Mailing Address 9909 Treasure Hill Rd	Ame	ount
City	ate Zip Code	7.20
		nsaction ID: d1cdb5af-9fdd-486c-9 e of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 07 / Y 2014
Name of Federal Candidate	Support Office Sou	ght: House District: 00
Mr. Mark L Pryor	Oppose Pres	ident X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	136950.69 Disbursem 2014	ent For: Primary ⊠ General  Other (specify) ▶
Full Name of Payee Theresa a Youngblood	Dat	e of Public Distribution/Dissemination
Mailing Address 102 S Main Street Apt A2	Am	ount
City	ate Zip Code	75.00
Berryville V		saction ID : 5d4d53a2-025a-4009-b e of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 07 2014
Name of Federal Candidate	Support Office Sou	ght: House District: 00
Ms. Mary L Landrieu	Oppose Pres	sident State: LA State:
Calendar Year-To-Date Per Election for Office Sought	152090.42 Disbursem 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures		82.20
(b) SUBTOTAL of Unitemized Independent Expenditures		7 7 7
(c) TOTAL Independent Expenditures	······	7 7 7
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	r authorized committee or agent of either, or (	
Ms. Emily Buchanan	[Electronically Filed] Date 10	08 2014
Signature		

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OF

Schedule E)	AT ENDITOTIES	PAGE 45 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed	Lon
	Them report Amends report med	
Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination  10  D D D D D D D D D D D D D D D D D
Mailing Address 543 S 2nd St		Amount
City Stat	te Zip Code	70.00
Bellaire NO	·	Transaction ID: 8b9bbc2f-531d-40fb-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 07 7 2014
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	152090.42 Disb 2014	ursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Kelly Dolan		10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 543 S 2nd St		Amount
City Sta	te Zip Code	7.80
Bellaire No	•	Transaction ID : c5e8064f-23a4-4412-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offic	e Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	152090.42 Disb 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		77.80
	ŕ	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures.	·	7 7
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of either	
Ms. Emily Buchanan	[Electronically Filed] Date	10 08 2014
Signature		

Sch	nedule E)	PAGE 46 OF 108 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C C00530766
Che	ck if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	Carissa M Smith	of Public Distribution/Dissemination
	Mailing Address 433 Promise Land Amo	10 07 2014
L		un it
- 1	City State Zip Code	27.50
	Date	saction ID: 5286f983-2ab6-48fb-b of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	10 07 2014
ı	Name of Federal Candidate Support Office Soug	ht: House District: 00
	Ms. Kay Hagan Presid	dent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	nt For:
r	Full Name of Payee Date	of Public Distribution/Dissemination
1	Carissa M Smith	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Mailing Address 433 Promise Land	10 01 2014
1	Amo	unt
ı	City State Zip Code	13.50
	Date	action ID: 92c7a72d-3701-4447-a of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 07 2014
ľ	Name of Federal Candidate Support Office Soug	ht: House District: 00
	Ms. Kay Hagan Presid	dent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ont For:  Primary
(8	a) SUBTOTAL of Itemized Independent Expenditures	41.00
(k	b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7 1
(0	c) TOTAL Independent Expenditures	7
W	Inder penalty of perjury I certify that the independent expenditures reported herein were not made in rith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 10	08 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
	Signature	

Schedule E)	EXI EIVE	101120		PAGE 47 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New rep	ort Amends	report filed	I on Man / Dad / Yayayay
Full Name of Payee Joshua E Sherman				Date of Public Distribution/Dissemination
Mailing Address 119 Goldenwood Dr				10 07 2014 Amount
City	State	Zip Code		40.00
Slidell	LA	70461		Transaction ID : 15d254d6-c38a-4efb-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	10 07 / 2014
Name of Federal Candidate		Suppo	ort Offic	e Sought: House District: 00
Ms. Mary L Landrieu		X Oppos	se	President State: LA
Calendar Year-To-Date Per Election for Office Sought	1	52090.42	Disb 2014	ursement For: Primary
Full Name of Payee				Date of Public Distribution/Dissemination
Joshua E Sherman				10 07 2014
Mailing Address 119 Goldenwood Dr				Amount
City	State	Zip Code		3,00
Slidell	LA	70461		Transaction ID : 11dcb23f-48c7-4923-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	10 07 / Y Y Y Y Y Y
Name of Federal Candidate		Supp	ort Offic	e Sought: House District: 00
Ms. Mary L Landrieu		X Oppo	se	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	,	152090.42	Disb 2014	ursement For:  Primary  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.				43.00
(a) SOSTOTAL OF REMIZED MIDOPORDERIC EXPERIMENTS.				40.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		·····	
(c) TOTAL Independent Expenditures			·····	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed]		10 08 2014
Signature			_	

Schedule E)	. =/(! =: (=)			PAGE 48 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Debra Lindsey			Date of	M / D D / Y Y Y Y
Mailing Address 119 Goldenwood Dr			Amount	
City	State	Zip Code		40.00
Slidell	LA	70461		tion ID : 51975070-8c37-4610-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		152090.42	Disbursement F 2014 Othe	For: Primary
Full Name of Payee			Date of	Public Distribution/Dissemination
Debra Lindsey			M = 10	
Mailing Address 119 Goldenwood Dr				
			Amount	
City	State	Zip Code		3.00
Slidell	LA	70461		ion ID: e366032f-0760-47a0-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		152090.42	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	S		•	43.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		•	71171171
(c) TOTAL Independent Expenditures			·	7 1 7 1 7 1
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		08 2014
Signature		_		

		FOR SE OF FORM 24/48				
	TE OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
VV	omen Speak Out PAC	C C00530766				
Che	ck if 24-hour report X 48-hour report New report Amends report filed of	on M = M / D = D / Y = Y = Y				
T	Full Name of Payee	Date of Public Distribution/Dissemination				
	Jessica R Resendiz	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Mailing Address 9685 Paula St	Amount				
-	City State Zip Code	45.00				
	Keithville LA 71047	Transaction ID : 018d8e4a-15d1-457d-a Date of Disbursement or Obligation				
	Purpose of Expenditure Salary  Category/ Type  001	10 07 7 2014				
	Name of Federal Candidate Support Office	Sought: House District: 00				
	Ms. Mary L Landrieu Oppose	President State: LA				
	Calendar Year-To-Date Per Election for Office Sought  Disbur 2014	sement For:				
ľ	Full Name of Payee  Jessica R Resendiz	Date of Public Distribution/Dissemination				
	Mailing Address 9685 Paula St	10 07 2014 Amount				
┢	City State Zip Code	14.40				
	Keithville LA 71047	Transaction ID: 732193a8-204d-4b2b-b Date of Disbursement or Obligation				
	Purpose of Expenditure Mileage  Category/ Type  002	10 07 / 2014				
	Name of Federal Candidate Support Office	Sought: House District: 00				
	Ms. Mary L Landrieu Oppose	President State: LA State:				
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary				
(a	(a) SUBTOTAL of Itemized Independent Expenditures					
(k	b) SUBTOTAL of Unitemized Independent Expenditures	4				
(0	c) TOTAL Independent Expenditures					
W	nder penalty of perjury I certify that the independent expenditures reported herein were not magith, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Electronically Filed] Date 10	08 2014				
	Signature					

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OF

· · · · · · · · · · · · · · · · · ·	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Sheri J Peace	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9685 Paula St	Amount
City State	Zip Code 45.00
Keithville LA	71047 Transaction ID : f1634d76-5d69-45ad-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Randy M Gold  Mailing Address 1436 Haigs Creek Dr	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1436 Haigs Creek Dr	Amount
City State	
Elgin SC	29045 Transaction ID : da897c9f-ed60-4d57-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 07 7 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	136950.69 Disbursement For: ☐ Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	•
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •
	enditures reported herein were not made in cooperation, consultation, or concert uthorized committee or agent of either, or (if the reporting entity is not a political
	[Electronically Filed] Date 10 08 2014
Signature	

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OF

· · · · · · · · · · · · · · · · · ·	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends report
Full Name of Payee Randy M Gold	Date of Public Distribution/Dissemination
	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1436 Haigs Creek Dr	Amount
City State	Zip Code 52.86
Elgin SC	29045 Transaction ID : e558b9c3-3ad4-4300-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 10 07 7 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Kaleigh J Wagner	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 18065 Wayne Rd	Amount
City State	Zip Code 55.00
Odessa FL	33556 Transaction ID : bff3fd65-faa2-4211-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 10 7 07 7 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	107.86
(b) SUBTOTAL of Unitemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •
(c) TOTAL Independent Expenditures	······································
	enditures reported herein were not made in cooperation, consultation, or concert uthorized committee or agent of either, or (if the reporting entity is not a political
	[Electronically Filed] Date 10 08 2014
Signature	

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OF

Sche	edule E)		1101.20		PAGE 52 OF 108 FOR SE OF FORM 24/48	
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
Wo	Vomen Speak Out PAC  C c00530766					
Check	c if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y	
Fu (	ull Name of Payee Gregory Green				of Public Distribution/Dissemination	
М	lailing Address 2506 Bolch Street			Amour	10 07 2014 nt	
Ci	ity	State	Zip Code	— [	80.00	
S	Shreveport	LA	71104		action ID : 5b1a39e4-b1fb-455c-b of Disbursement or Obligation	
	urpose of Expenditure Salary		Category/ Type 001		10 07 / 2014	
Na	ame of Federal Candidate		Support	Office Sough	t: House District: 00	
M	//s. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA	
	Calendar Year-To-Date Per Election for Office Sought	1	152090.42	Disbursement 2014 Of	t For: Primary X General ther (specify) ▶	
	ull Name of Payee Gregory Green				of Public Distribution/Dissemination	
М	failing Address 2506 Bolch Street			Amou		
С	ity	State	Zip Code		34.80	
	Shreveport	LA	71104	Transa Date	oction ID : 5d382504-d60c-4fd9-9 of Disbursement or Obligation	
	urpose of Expenditure Mileage		Category/ Type 002		10 07 / 2014	
- 1	lame of Federal Candidate		Support	Office Sough	t: House District: 00	
M	/Is. Mary L Landrieu		X Oppose	Preside		
	Calendar Year-To-Date Per Election for Office Sought	, , ,	152090.42	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶	
(a)	SUBTOTAL of Itemized Independent Expenditures	S		· •	114.80	
(b)	SUBTOTAL of Unitemized Independent Expenditu	ıres		. •	7 1 7 1 7	
(c)	TOTAL Independent Expenditures			•	7 1 7 1 7 1	
with	der penalty of perjury I certify that the independer h, or at the request or suggestion of, any candidate ty committee) any political party committee or its a	te or authorized				
_	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	08 2014	
	Signature					

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	ed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Lilly Green	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle	Amount
City State Zip Code	80.00
Shreveport LA 71119	Transaction ID : f1ad4525-d8a9-4e39-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	10 07 2014
Name of Federal Candidate Support Off	ice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought  Dis 20	bursement For: Primary X General Other (specify) ▶
Full Name of Pauce	
Full Name of Payee Lilly Green	Date of Public Distribution/Dissemination  10 07 2014
Mailing Address 205 Medallion Circle	10 07 2014 Amount
City State Zip Code	51.60
Shreveport LA 71119	Transaction ID : 352eee81-bd34-427b-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 07 2014
Name of Federal Candidate Support Off	fice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
	sbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	131.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 08 2014
Signature	

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Schedule E)	FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)					
Women Speak Out PAC					
	C C00530766				
Check if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y				
Full Name of Payee	Date of Public Distribution/Dissemination				
ERIC TABARY	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 6101 NORA ST	Amount				
City State Zip Code	70.00				
METAIRIE LA 70003	Transaction ID: 87294182-cd62-4442-8 Date of Disbursement or Obligation				
Purpose of Expenditure Salary  Category/ Type  001	10 07 / 2014				
Name of Federal Candidate Support Office	e Sought: House District: 00				
Ms. Mary L Landrieu Oppose	President Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶				
Full Name of Payee April E Madrid	Date of Public Distribution/Dissemination				
Mailing Address 2153 Sweet Bay Circle	10 07 2014				
Mailing Address 2153 Sweet Bay Circle	Amount				
City State Zip Code	27.50				
Bossier City LA 71111	Transaction ID: b414dea0-5704-4fe4-b Date of Disbursement or Obligation				
Purpose of Expenditure Salary  Category/ Type  001	10 07 7 2014				
Name of Federal Candidate Support Office	e Sought: House District: 00				
Ms. Mary L Landrieu Oppose	President State: LA				
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures	97.50				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•				
· Duto	0 08 2014				
Signature					

Schedule E)	I LAPLIND	ITUNES		PAGE 55 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC	C00530766			
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
April E Madrid			10 10	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2153 Sweet Bay Circle			Amount	
City	State	Zip Code		9.90
Bossier City	LA	71111		ID: de5129d4-9bba-4683-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	07 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	152090.42	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Casey Stockton			10	07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 105 South Dale St			Amount	
City	State	Zip Code		80.00
Spruce Pine	NC	28777		D: b274caa0-901e-4ce7-8 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	07 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	973252.35	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	9S			89.90
, ,				7 7
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· <b>&gt;</b>	72 1 72 1
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	10 08	2014
Signature				

Schedule E)	II EXI EILD	TI OTILO		PAGE 56 OF 108 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC					
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y	
Full Name of Payee Mary Johnson			M		
Mailing Address 105 South Dale St			Amount	0 07 2014	
City	State	Zip Code		80.00	
Spruce Pine	NC	28777		ction ID : 3b559ba0-1a39-48b5-a Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	M 1		
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Kay Hagan		Oppose	President		
Calendar Year-To-Date Per Election for Office Sought	7	973252.35	Disbursement F 2014 Othe	For: Primary	
Full Name of Payee	_		Date of	Public Distribution/Dissemination	
Daniel E Collison			M 1		
Mailing Address 3315 Cardinal Ridge Rd			Amount		
City	State	Zip Code		40.00	
Greensboro	NC	27410		ion ID : 8e64e23f-0f2b-4ae0-9 Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	M 10	0 07 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Kay Hagan		X Oppose	Presiden		
Calendar Year-To-Date Per Election for Office Sought	7	973252.35	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditur	es			120.00	
(b) SUBTOTAL of Unitemized Independent Expendi	tures			7	
			· -	7 7 7	
(c) TOTAL Independent Expenditures			·· •	7 1 7 1 7	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid- party committee) any political party committee or its	ate or authorize				
Ms. Emily Buchanan	[Electron	nically Filed] Date	4.6	08 2014	
Signature					

Schedule E)	DENT EXICIO	TOTILO	PAGE 57 OF 108 FOR SE OF FORM 24/48		
IAME OF COMMITTEE (In Full)  AND THE STATE OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC C C00530766					
Check if 24-hour report X 48-hour report	rt New rep	port Amends repo	rt filed on		
Full Name of Payee Daniel E Collison			Date of Public Distribution/Dissemination		
Mailing Address 3315 Cardinal Ridge Rd			10 07 2014 Amount		
City	Ctoto	7in Codo	5.10		
City Greensboro	State NC	Zip Code 27410	5.10  Transaction ID: e9d1dd6d-43d1-40c9-8  Date of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District: 00		
Ms. Kay Hagan		X Oppose	President Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		973252.35	Disbursement For:  Primary  General 2014  Gher (specify) ▶		
Full Name of Payee  Joshua J Huffman			Date of Public Distribution/Dissemination		
Mailing Address 211 Dixie Ave			10 07 2014		
			Amount		
City	State	Zip Code	65.00		
Harrisonburg  Purpose of Expenditure	VA	22801	Transaction ID: d3539678-892a-453b-9 Date of Disbursement or Obligation		
Salary		Category/ Type 001	10 / 07 / 2014		
Name of Federal Candidate		Support	Office Sought: House District: 00		
Ms. Mary L Landrieu		X Oppose	President Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		152090.42	Disbursement For:  Primary  General 2014  General Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expe	nditures		70.10		
(b) SUBTOTAL of Unitemized Independent Ex	rnenditures				
(b) CODICIAL OF CHICAMIZED INDEPENDENT LA					
(c) TOTAL Independent Expenditures			•		
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
•					

Schedule E)	II EXI END	II OI LO		PAGE 58 OF 108 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼		
Vomen Speak Out PAC  C C00530766						
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	D = D / Y = Y = Y = Y		
Full Name of Payee Todd Ellis			M = M /	C Distribution/Dissemination		
Mailing Address P.O. Box 712			Amount	07 2014		
City	State	Zip Code		90.00		
Alexander	AR	72002		ID: 30a9ee06-6493-40cb-a		
Purpose of Expenditure Salary		Category/ Type 001	10	07 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Mark L Pryor		X Oppose	President	Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	,	136950.69	Disbursement For: 2014 Other (sp	Primary		
Full Name of Payee Todd Ellis	_		M = M	c Distribution/Dissemination		
Mailing Address P.O. Box 712			Amount	07 2014		
City	State	Zip Code		41.40		
Alexander	AR	72002		D: 265a6fde-e2e3-4a6d-9 ursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	10	07 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Mark L Pryor		Oppose	President	Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	7	136950.69	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expend	itures		. >			
(c) TOTAL Independent Expenditures			•	7		
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 08	2014		

Schedule E)	LIVI EXI END	ITORES	PAGE 59 OF FOR SE OF FORM 2	108 24/48	
JAME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼					
Vomen Speak Out PAC					
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	t filed on	Y	
Full Name of Payee Michael A Toomey				YYY	
Mailing Address 4120 Bon Aire Dr Apt 6307			10 07 20°	14	
City	State	Zip Code		50.00	
Monroe	LA	71212	Transaction ID: bfaafb29-e86b-4a Date of Disbursement or Obligation	a5-9	
Purpose of Expenditure Salary		Category/ Type 001		14 Y	
Name of Federal Candidate		Support	Office Sought: House District:	00	
Ms. Mary L Landrieu		X Oppose	President X Senate State:	LA	
Calendar Year-To-Date Per Election for Office Sought	7	152090.42	Disbursement For: Primary 2014 Other (specify) ▶	General	
Full Name of Payee			Date of Public Distribution/Dissemi	nation	
Michael A Toomey				14	
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount		
City	State	Zip Code		4.50	
Monroe	LA	71212	Transaction ID: 87031504-f2df-482 Date of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	10 07 Y 20	14 Y	
Name of Federal Candidate		Support	Office Sought: House District:	00	
Ms. Mary L Landrieu		X Oppose	President X Senate State:		
Calendar Year-To-Date Per Election for Office Sought	.,,	152090.42	Disbursement For:  Primary  2014  Other (specify) ▶	General	
(a) SUBTOTAL of Itemized Independent Expend	itures		54.	.50	
(b) SUBTOTAL of Unitemized Independent Expe	anditures				
(b) SOBTOTAL OF Officeringed independent Expe				-	
(c) TOTAL Independent Expenditures			<b>•</b>		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized				
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		

Schedule E)	IN EXILIE	TIONES	PAGE 60 OF 108 FOR SE OF FORM 24/48			
IAME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼						
Vomen Speak Out PAC						
Check if 24-hour report X 48-hour report	heck if 24-hour report X 48-hour report New report Amends report filed on					
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination			
Mailing Address 2565 Shire Circle			10 07 2014			
			Amount			
City	State	Zip Code	55.00			
Harrisonburg	VA	22801	Transaction ID: 35fe7c8a-bb44-4c90-8 Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	10 07 / Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Mary L Landrieu		X Oppose	President State: LA			
Calendar Year-To-Date Per Election for Office Sought	, , ,	152090.42	Disbursement For: Primary General  2014			
Full Name of Payee			Date of Public Distribution/Dissemination			
Elizabeth M Moore			10 07 7 2014			
Mailing Address 1223 Silver Sage Dr Apt 303			Amount			
City	State	Zip Code	12.50			
Raleigh	NC	27606	Transaction ID : de3a439f-f571-4832-b  Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	10 / 07 / 2014			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Kay Hagan		Oppose	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	973252.35	Disbursement For:  Primary  General 2014  General Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expendit	ures		67.50			
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•			
(c) TOTAL Independent Expenditures			<b>&gt;</b>			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canon party committee) any political party committee or	idate or authorize					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
5.ga.a. 5						

Women Speak Out PAC    C   C00530766		ileduic Ly	FOR SE OF FORM 24/48			
Check if			FEC IDENTIFICATION NUMBER ▼			
Full Name of Payee  Filectron for Office Sought  Full Name of Payee  Brandy Starns  Mailing Address 300 Evangeline St  City  State  City  State  State  Support  City  State  Support  Category  Support  Category  State  Support  Category  Support  Category  Support  Category  State  City  State  Support  Category  Support  Support  Category  Support  Category  Support  Support  Category  Support  Support  Category  Support  Support  Category  Support  Support  Support  Support  Category  Support  Support  Support  Support  Category  Support  Suppo	VV	omen Speak Out PAC	C C00530766			
Elizabeth M Moore  Mailing Address 1223 Silver Sage Dr Apt 303  Amount  City State Zip Code NC 27606  Purpose of Expenditure Mileage  Name of Federal Candidate  Mark Sky Hagan  Calendar Year-To-Date Parupose of Expenditure  Brandy Stans  Mailing Address 300 Evangeline St  City State Zip Code  Purpose of Expenditure  Calendar Year-To-Date Parupose of Expenditure  Mailing Address 300 Evangeline St  Calendar Year-To-Date Calendar Year-To-Date Parupose of Expenditure  Salary  Name of Federal Candidate  Monroe LA 71201  Name of Federal Candidate  Mos Many Landrieu  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate  Ms. May Landrieu  Calendar Year-To-Date Per Election for Office Sought  To Date Oppose  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate  Ms. Many Landrieu  Calendar Year-To-Date Per Election for Office Sought  To Date Oppose  Calendar Year-To-Date Per Election for Office Sought  To Date Oppose  Calendar Year-To-Date Per Election for Office Sought  To Date Oppose  Calendar Year-To-Date Per Election for Office Sought  To Date Oppose  Calendar Year-To-Date Per Election for Office Sought  To Date Oppose  Calendar Year-To-Date Per Election for Office Sought  To Date Oppose  Calendar Year-To-Date Per Election for Office Sought  To Date Oppose  Calendar Year-To-Date Per Election for Office Sought  To Date Oppose  Calendar Year-To-Date Per Election for Office Sought  To Date Oppose  Calendar Year-To-Date Per Election for Office Sought  To Date Oppose  Calendar Year-To-Date Per Election for Office Sought  To Date Oppose  Calendar Year-To-Date Per Election for Office Sought  To Date Oppose  Calendar Year-To-Date Per Election for Office Sought  To Date Oppose  Calendar Year-To-Date Per Election for Office Sought  To Date Oppose  Calendar Year-To-Date Per Election for Office Sought  To Date Oppose  Calendar Year-To-Date Per Election for Office Sought  To Date Oppose  To Date O	Che	ck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y			
Mailing Address 1223 Silver Sage Dr Apt 303  City State Zip Code Releigh NC 27606  Purpose of Expenditure Mileage Category/ O02  Name of Federal Candidate Support Mileage President Senate State: NC Oppose President Senate State: NC Oppose OF Apt 300 Evangeline St  Calendar Year-To-Date Purpose of Expenditure State State Zip Code President Senate State: NC Oppose O	Т	Full Name of Payee	Date of Public Distribution/Dissemination			
City State Zip Code NC 27606  Purpose of Expenditure Mileage	L	Elizabeth M Moore				
Raleigh  Purposa of Expenditure Mileage    Category/ Type   OO2   Transaction ID : 52316423-5bf6-45e8-b   Date of Disbursement or Colligation	١	Mailing Address 1223 Silver Sage Dr Apt 303	Amount			
Raleigh  Purposa of Expenditure Mileage    Category/ Type   OO2   Transaction ID : 52316423-5bf6-45e8-b   Date of Disbursement or Colligation	F	City State 7in Code	14 25			
Purpose of Expenditure Mileage  Name of Federal Candidate  Support  Support  Office Sought: House District: 00  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Purpose of Expenditure Salary  Name of Federal Candidate  Monroe  LA  71201  Name of Federal Candidate  Support  City State Zip Code Monroe  LA  71201  Name of Federal Candidate  Purpose of Expenditure Salary  Name of Federal Candidate  Monroe  LA  71201  Name of Federal Candidate  Support  Name of Federal Candidate  Support  Support  Office Sought: House Distribution/Dissemination  Transaction ID: d0c36e83-a933-4206-a Date of Disbursement or Obligation  Transaction ID: d0c36e83-a933-4206-a Date of President Senate State: LA Date of Disbursement For: Disb	١		Transaction ID : 52316d23-5bf6-45e8-b			
Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Brandy Starns  Mailing Address 300 Evangeline St  City Monroe  LA T1201  Name of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Purpose of Expenditure Salary  Category/ Tiype  Ont  Transaction ID: d0c36e83-a933-4206-a Date of Disbursement or Obligation  Transaction ID: d0c36e83-a933-4206-a Date of Disbursement or Obligation  Office Sought: House District: Oo  President Salary  Category/ Type  Office Sought: House District: Oo  President Senate State: LA  Calendar Year-To-Date Per Election for Office Sought  Tansaction ID: d0c36e83-a933-4206-a Date of Disbursement or Obligation  Office Sought: House District: Oo  President Senate State: LA  Disbursement For: Disburs	ľ	Mileage Category/ 002	M M / D D / Y Y Y Y			
Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought President Senate State: NC  Disbursement For: Primary General 2014 Other (specify) ▶  Full Name of Payee Brandy Starns  Mailing Address 300 Evangeline St  City State Zip Code Monroe LA 71201  Name of Federal Candidate Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Elec	ŀ	Name of Federal Candidate Support Office	e Sought: House District: 00			
Per Election for Office Sought  Full Name of Payee Brandy Starns  Mailing Address 300 Evangeline St  City State Zip Code Monroe LA 71201  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.    Other (specify)   Date	١	Ma Kau Hanan				
Full Name of Payee Brandy Starns  Mailing Address 300 Evangeline St  City State Zip Code Monroe LA 71201  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date of Public Distribution/Dissemination  Landrieu  Amount  Transaction ID: d0c36e83-9933-4206-a Date of Disbursement or Obligation  Transaction ID: d0c36e83-993-4206-a Date of Disbursement or Obligation  Transa		Odiolidal Todi To Bato				
Mailing Address 300 Evangeline St	L	rei Liection for Office Sought				
Mailing Address 300 Evangeline St  City State Zip Code Monroe LA 71201  Purpose of Expenditure Salary  Name of Federal Candidate State: Support Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures aparts or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Amount  Amo	١					
Monroe  LA 71201  Transaction ID: d0c36e83-a933-4206-a Date of Disbursement or Obligation  Purpose of Expenditure  Salary  Category/ 001  Name of Federal Candidate  Ms. Mary L Landrieu  Support  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Total Independent Expenditures  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  In the purpose of Expenditure Disbursement or Obligation  Transaction ID: d0c36e83-a933-4206-a Date of Disbursement or Obligation  Total Total Independent Separate Disbursement or Office Sought:  House District: 00 President X Senate State: LA  Other (specify)   Total Independent Expenditures  Total Total Independent Expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	-	Mailing Address 300 Evangeline St	التنالنا لنا			
Monroe  LA 71201  Transaction ID: d0c36e83-a933-4206-a Date of Disbursement or Obligation  Purpose of Expenditure  Salary  Category/ 001  Name of Federal Candidate  Ms. Mary L Landrieu  Support  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Total Independent Expenditures  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  In the purpose of Expenditure Disbursement or Obligation  Transaction ID: d0c36e83-a933-4206-a Date of Disbursement or Obligation  Total Total Independent Separate Disbursement or Office Sought:  House District: 00 President X Senate State: LA  Other (specify)   Total Independent Expenditures  Total Total Independent Expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	┢	City State Zin Code	60.00			
Purpose of Expenditure Salary    Category/ Type   001   10	١		Transaction ID : d0c36e83-a933-4206-a			
Ms. Mary L Landrieu    Calendar Year-To-Date   President   Senate   State: LA		Salary Odlegory 001	M - M / D - D / Y - Y - Y			
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	ľ	Name of Federal Candidate Support Offic	e Sought: House District: 00			
Per Election for Office Sought  152090.42  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures		450000 40 201/				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(a	a) SUBTOTAL of Itemized Independent Expenditures	74.25			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(I	b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7 1			
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(0	c) TOTAL Independent Expenditures				
[Electronically Filed] Date 10 08 2014	W	with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political				
		[F1 - 4 1] - F2 - J1				

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OF

Schedule E)	11 LA LI	1101120		PAGE 62 OF 108 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEG	C IDENTIFICATION NUMBER ▼		
Women Speak Out PAC	Vomen Speak Out PAC					
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D D / Y Y Y Y Y		
Full Name of Payee Brandy Starns			Date of Po	ublic Distribution/Dissemination		
Mailing Address 300 Evangeline St			10 Amount	07 2014		
City	State	Zip Code		9.60		
City  Monroe	LA	71201		9.60 on ID : 25558dc3-e499-4839-8 isbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	M M M 10			
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		Oppose	President	X Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		152090.42	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶		
Full Name of Payee Michael Chinchar  Mailing Address 2730 Dave Ward Dr			Date of P	ublic Distribution/Dissemination  / 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
			Allouit			
City Conway	State AR	Zip Code 72034	Transactio	50.00 on ID : 26ee64a7-ac90-407d-8 isbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	Date of D			
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Mark L Pryor		X Oppose	President	Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	7	136950.69	Disbursement Fo	or: Primary X General (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditu	res		•	59.60		
(b) SUBTOTAL of Unitemized Independent Expendent	litures		·	4 1 4 1 4		
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7 7 5		
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	date or authorized					
Ms. Emily Buchanan	[Electron	nically Filed] Date		08 2014		
Signature						

Schedule E)	JENT EXICIO	TIONES	PAGE 63 OF 108 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
women Speak Out PAC	Vomen Speak Out PAC						
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on				
Full Name of Payee Michael Chinchar			Date of Public Distribution/Dissemination				
Mailing Address 2730 Dave Ward Dr			10 07 2014 Amount				
City	State	Zip Code	8.40				
Conway	AR	72034	Transaction ID: 296de683-8380-47d6-8 Date of Disbursement or Obligation				
Purpose of Expenditure Mileage		Category/ Type 002	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Mr. Mark L Pryor		Oppose	President Senate State: AR				
Calendar Year-To-Date Per Election for Office Sought		136950.69	Disbursement For:				
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination				
Mailing Address 3110 Brentwood Rd			10 07 2014 Amount				
			Amount				
City	State	Zip Code	90.00				
Raleigh  Purpose of Expenditure	NC	27604	Transaction ID : bdfe0165-021b-4596-8 Date of Disbursement or Obligation				
Salary		Category/ Type 001	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Kay Hagan		X Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought		973252.35	Disbursement For:  Primary  General  2014  General				
(a) SUBTOTAL of Itemized Independent Exper	nditures		98.40				
(b) SUBTOTAL of Uniternized Independent Ex	penditures						
			7 7 7				
(c) TOTAL Independent Expenditures			<b>&gt;</b>				
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political				
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 08 2014				
Signature							

	meduic Ly	FOR SE OF FORM 24/48			
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
۷۱	Vomen Speak Out PAC	C C00530766			
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	I on M = M / D = D / Y = Y = Y			
	Full Name of Payee	Date of Public Distribution/Dissemination			
	Lee R Carter	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Mailing Address 3110 Brentwood Rd	Amount			
	City State Zip Code	13.80			
	Raleigh NC 27604	Transaction ID : a0715251-93ab-4fe5-9 Date of Disbursement or Obligation			
	Purpose of Expenditure Mileage  Category/ Type  002	10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Name of Federal Candidate Support Office	e Sought: House District: 00			
	Ms. Kay Hagan Oppose	President State: NC			
	Calendar Year-To-Date Per Election for Office Sought  Disbt 2014	ursement For: Primary X General			
	Tot Election for entire dought	Other (specify)			
	Full Name of Payee Miranda A Resinos	Date of Public Distribution/Dissemination			
	Mailing Address 1430 Sunnyside Rd	10 07 2014 Amount			
	City State Zip Code	70.00			
	Alma AR 72921	Transaction ID : 631b06da-9140-4595-8 Date of Disbursement or Obligation			
	Purpose of Expenditure Salary  Category/ Type  001	10 07 Y 2014			
	Name of Federal Candidate Support Offic	e Sought: House District: 00			
		President State: AR			
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:			
	(a) SUBTOTAL of Itemized Independent Expenditures	83.80			
	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures				
,	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
		0 08 2014			
	Signature	للنتا لتا ل			

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· · · · · · · · · · · · · · · · · ·	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends repo
Full Name of Payee Miranda A Resinos	Date of Public Distribution/Dissemination
IVIII arida A Resirios	10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1430 Sunnyside Rd	Amount
City State	e Zip Code 41.70
Alma AR	72921 Transaction ID : c9cf838b-7d93-4d0f-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 10 10 7 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Eric Resinos	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1430 Sunnyside Rd	Amount
City State	e Zip Code 70.00
Alma AR	72921 Transaction ID : 71e98370-db2c-45f5-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 07 07 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •
(c) TOTAL Independent Expenditures	······································
	enditures reported herein were not made in cooperation, consultation, or concert authorized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electronically Filed] Date 10 08 2014
Signature	

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OF

PAGE 66 OF 108 FOR SE OF FORM 24/48						
NAME OF COMMITTEE (In Full)  MANAGE OF COMMITTEE (In Full)  MANAGE OF COMMITTEE (In Full)						
Vomen Speak Out PAC C c00530766						
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y					
Full Name of Payee Brenda L McCune	ate of Public Distribution/Dissemination					
Mailing Address 1254 Fleming St Apt 6	10 07 2014 nount					
City State Zip Code	30.00					
Conway AR 72032 Tra	ansaction ID : 6e9cbf67-4a50-4998-a					
Purpose of Expenditure Salary  Category/ Type 001	10 07 2014					
Name of Federal Candidate Support Office Sol	ught: House District: 00					
Mr. Mark I Pryor	sident X Senate State: AR					
Calendar Year-To-Date Per Election for Office Sought  Disbursen 2014	nent For:					
Full Name of Payee Brenda L McCune	ate of Public Distribution/Dissemination					
Mailing Address 1254 Fleming St Apt 6	10 07 2014 mount					
City State Zip Code	14.10					
Conway AR 72032 Tra	nsaction ID : 6428220a-2338-4286-9 ate of Disbursement or Obligation					
Purpose of Expenditure Mileage  Category/ Type  002	10 07 / 2014					
Name of Federal Candidate Support Office So	ought: House District: 00					
Mr Mark I Prvor	esident State: AR					
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014 2014	ment For:					
(a) SUBTOTAL of Itemized Independent Expenditures	44.10					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.						
Ms. Emily Buchanan  [Electronically Filed] Date    Mate	08 / 2014					

Schedule E)	I EXI END			PAGE 67 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Trevor D Hageman			M = M	lic Distribution/Dissemination
Mailing Address 5521 Randolph St			Amount	07 2014
City	State	Zip Code		30.00
Marrero	LA	70072		ID: 173d77a3-4ae7-46f7-8 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	07 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	152090.42	Disbursement For: 2014 Other (s	Primary ⊠ General
Full Name of Payee	•		Date of Pub	olic Distribution/Dissemination
Ralph Smith			M = M 10	07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2090 Fancy Gap Rd				0. 2011
			Amount	
City	State	Zip Code		70.00
Mt. Airy	NC	27030		ID: c75b599b-adc4-419f-a bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 <sup>M</sup>	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	973252.35	Disbursement For: 2014 Other (s	Primary
			,	
(a) SUBTOTAL of Itemized Independent Expenditure	<del>)</del> \$		<b>•</b>	100.00
(b) SUBTOTAL of Unitemized Independent Expendi	tures			
(c) TOTAL Independent Expenditures			<b>&gt;</b>	4 4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 10 08	2014
Signature				

Full Name of Payee Ralph Smith  Date of Public Distribution/Dissem	YYY
Check if 24-hour report	YYY
Check if 24-hour report 48-hour report New report Amends report filed on  Full Name of Payee Ralph Smith  Mailing Address 2090 Fancy Gap Rd  Date of Public Distribution/Dissem 10 7 20  Amount	YYY
Ralph Smith  Mailing Address 2090 Fancy Gap Rd  Amount	YYY
Mailing Address 2090 Fancy Gap Rd  Amount	
Amount	
City State Zip Code	ı
	15.24
Mt. Airy  NC 27030  Transaction ID: 41ab474b-5081- Date of Disbursement or Obligation	4a80-8
Purpose of Expenditure  Category/  Category/	014
Name of Federal Candidate Support Office Sought: House District:	: 00
Ms. Kay Hagan  Ms. Kay Hagan  President  Senate  State:	: <u>NC</u>
Per Election for Office Sought 973252.35 2014	General
Other (specify)	
	/
Mailing Address 1700 E Part Ave  Amount	2014
City State Zip Code	28.50
Searcy AR 72149 Transaction ID: d3cdad6d-5066-4 Date of Disbursement or Obligation	
Purpose of Expenditure Category/ Cat	014
Name of Federal Candidate Support Office Sought: House District:	:00
Mr. Mark L Pryor    Oppose   President   Senate States	: _AR
Calendar Year-To-Date Per Election for Office Sought  136950.69  Disbursement For: □ Primary ≥ 2014 □ Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures	3.74
(b) SUBTOTAL of Unitemized Independent Expenditures	-
(c) TOTAL Independent Expenditures	-
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10 08 2014	1
Signature	

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PAGE 69 OF 108 FOR SE OF FORM 24/48							
NAME OF COMMITTEE (In Full)  MANUSCON CONTROL OUT DAG							
women Speak Out PAC	Vomen Speak Out PAC C c00530766						
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D / Y = Y = Y			
Full Name of Payee  Jeffrey Hampton			M M / D	tribution/Dissemination			
Mailing Address 1700 E Part Ave			Amount	07 2014			
City	State	Zip Code		12.06			
Searcy	AR	72149	Transaction ID : 1 Date of Disbursem	1f9ba1e-d3fb-4a73-a			
Purpose of Expenditure Mileage		Category/ Type 002	10	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought:	ouse District: 00			
Mr. Mark L Pryor		X Oppose		enate State: AR			
Calendar Year-To-Date Per Election for Office Sought	, , ,	136950.69	Disbursement For:  2014  Other (specify	Primary			
Full Name of Payee	_		Date of Public Dis	tribution/Dissemination			
Chance B Ross			10 / D	07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 920 W Gracewood Apt 106			Amount				
City	State	Zip Code		50.00			
Fayetteville	AR	72701	Transaction ID : f1 Date of Disbursem	fade09-b92e-4241-9 nent or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	10 / D	07 / 2014			
Name of Federal Candidate		Support	Office Sought:	ouse District: 00			
Mr. Mark L Pryor		X Oppose	President X S				
Calendar Year-To-Date Per Election for Office Sought	7 1 7	136950.69	Disbursement For: 2014 Other (specify	Primary X General			
(a) SUBTOTAL of Itemized Independent Expenditure	es		<b>•</b>	62.06			
(b) SUBTOTAL of Unitemized Independent Expend	itures		•				
			7	4			
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 08	2014			

PAGE 70 OF 108 FOR SE OF FORM 24/48							
IAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼							
Women Speak Out PAC	Vomen Speak Out PAC						
Check if 24-hour report X 48-hour report	check if 24-hour report X 48-hour report New report Amends report filed on						
Full Name of Payee			Date of Public	Distribution/Dissemination			
Chance B Ross			10	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 920 W Gracewood Apt 106			Amount				
City	State	Zip Code		13.50			
Fayetteville	AR	72701		D: 3ed71af6-a918-4f83-a rsement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	10	07 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought		36950.69	Disbursement For: 2014 Other (sp	Primary			
Full Name of Payee			Date of Public	Distribution/Dissemination			
Timothy Foley			10	07 2014			
Mailing Address 20679 Glenbrook Terrace			Amount				
City	State	Zip Code		15.00			
Sterling	VA	20165		D: cb6c39ae-6c83-4817-9 ursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	10	07 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Mary L Landrieu		Oppose	President	Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	7 7	152090.42	Disbursement For: 2014 Other (sp	Primary			
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		·	28.50			
(b) SUBTOTAL of Unitemized Independent Expendent	ditures						
			7	-9525			
(c) TOTAL Independent Expenditures			<b>•</b>	7			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 08	2014			
5.g.iataro							

Schedule E)		/LITI LA LITE	1101120		PAGE 71 OF 108 FOR SE OF FORM 24/48	
	IMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
Women Sp	Vomen Speak Out PAC  C c00530766					
Check if 24	l-hour report X 48-hour report	X New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y	
Full Name of Sandra	of Payee H Wagner				of Public Distribution/Dissemination	
Mailing Add	ress 5828 Rena Road			Amour	10 07 2014	
City Hamptonvil	le	State NC	Zip Code 27020		30.00 action ID : e81ac954-05b9-47fe-b	
Purpose of Salary	Expenditure		Category/ Type 001		of Disbursement or Obligation  10 07 2014	
Name of Fe	deral Candidate		Support	Office Sought	:: House District: 00	
Ms. Kay Ha	gan		X Oppose	Preside	ent Senate State: NC	
	ar Year-To-Date ection for Office Sought	5	973252.35	Disbursement 2014 Of	r For: Primary X General cher (specify) ►	
Full Name of Sandra  Mailing Add	H Wagner				of Public Distribution/Dissemination	
	5828 Rena Road			Amou	nt	
City Hamptonvi	le	State NC	Zip Code 27020	Transa	10.20 ction ID : 6f9e0c27-8b16-4d72-b	
Purpose of Mileage	Expenditure		Category/ Type 002		of Disbursement or Obligation	
Name of Fe	ederal Candidate		Support	Office Sough	t: House District: 00	
Ms. Kay Ha	gan		X Oppose	Preside	ent Senate State: NC	
	ar Year-To-Date ection for Office Sought		973252.35	Disbursemen 2014 O	t For:  Primary	
(a) SUBTOT	<b>AL</b> of Itemized Independent Expen	ditures		•	40.20	
(b) SUBTOT	AL of Unitemized Independent Exp	penditures		· •		
(c) TOTAL In	ndependent Expenditures			· -	7 1 7 1 7	
with, or at the		ndidate or authorized			ooperation, consultation, or concert the reporting entity is not a political	
	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	08 2014	
Signature						

PAGE 72 OF 108 FOR SE OF FORM 24/48							
AME OF COMMITTEE (In Full)  MANUSCON CONTROL OUT DAG							
women Speak Out PAC	Vomen Speak Out PAC						
Check if 24-hour report X 48-hour report	rt New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y			
Full Name of Payee Tammay Williams			M = M /	Distribution/Dissemination			
Mailing Address 924 N. Prieur St			10 Amount	07 2014			
		7: 0 1		20.00			
City New Orleans	State LA	Zip Code 70116		80.00 D: 0395b696-101b-49ee-b rsement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	10	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Mary L Landrieu		X Oppose	President >	<u> </u>			
Calendar Year-To-Date Per Election for Office Sought	1	152090.42	Disbursement For: 2014 Other (spe	Primary			
Full Name of Payee			Date of Public	Distribution/Dissemination			
Tammay Williams			10	07 / 2014			
Mailing Address 924 N. Prieur St			Amount				
City	State	Zip Code		15.00			
New Orleans	LA	70116		: ad05a2e7-5c51-4576-8 rsement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	10 /	07 / Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought:	House District:00			
Ms. Mary L Landrieu		X Oppose		Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought		152090.42	Disbursement For: 2014 Other (spe	Primary X General			
(a) SUBTOTAL of Itemized Independent Expe	nditures		•	95.00			
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•	1111111			
			4	4 4			
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7			
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 08	2014			
Signature							

Schedule E)		101123		PAGE 73 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-ho	our report New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Carol L Walters			M = M	Distribution/Dissemination
Mailing Address 1900 Glen West Way	<i>y</i>		Amount	07 2014
City	State	Zip Code		60.00
Fort Smith	AR	72916		D: fc6001ae-1365-4871-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1	36950.69	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Antoinette Franklin			Date of Publi	Distribution/Dissemination  OT  OT  OT  OT  OT  OT  OT  OT  OT  O
Mailing Address 8822 Apple St			Amount	
City	State	Zip Code		60.00
New Orleans	LA	70188	Transaction II  Date of Disbu	D: f214cef6-7b19-4efb-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	07 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	•	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		152090.42	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent	ent Expenditures		<b>&gt;</b>	120.00
(b) SUBTOTAL of Unitemized Indepen	ndent Expenditures		. >	7
(c) TOTAL Independent Expenditures.			<b>•</b>	
Under penalty of perjury I certify that with, or at the request or suggestion c party committee) any political party co	of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 / 08	2014
Signature				

Schedule E)		DEITI EX	101120		PAGE 74 OF 108 FOR SE OF FORM 24/48
NAME OF COMMIT					FEC IDENTIFICATION NUMBER ▼
Women Spea	ık Out PAC				C C00530766
Check if 24-hou	ır report X 48-hour repo	rt New repo	ort Amends repo	ort filed on	M / D D / Y B Y B Y
Full Name of Pa					of Public Distribution/Dissemination
Mailing Address	8822 Apple St			Amou	10 07 2014 nt
City		State	Zip Code		15.00
New Orleans		LA	70188		action ID: a81511d3-ed8a-459a-8 of Disbursement or Obligation
Purpose of Expe Mileage	enditure		Category/ Type 002	М	10 07 / 2014
Name of Federa	I Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Land	drieu		X Oppose	Preside	ent Senate State: LA
Calendar Ye Per Election	ear-To-Date n for Office Sought	, 1	52090.42	Disbursement 2014 Or	t For:
Full Name of Pa Nick Berryh					of Public Distribution/Dissemination
Mailing Address	905 Lake Drive			Amou	
City		State	Zip Code		85.00
Shelby		NC	28152		ction ID: 833809f0-7e92-45c2-a of Disbursement or Obligation
Purpose of Expo Salary	enditure		Category/ Type 001	M	10 / 07 / 2014
Name of Federa	l Candidate		Support	Office Sough	t: House District:00
Ms. Kay Hagan			Oppose	Preside	ent Senate State: NC
	ear-To-Date n for Office Sought		973252.35	Disbursemen 2014 O	t For:
(a) SUBTOTAL o	of Itemized Independent Expe	enditures		· • [	100.00
(b) SUBTOTAL of	of Unitemized Independent E	xpenditures		· • [	
(c) TOTAL Indep	endent Expenditures			•	7
with, or at the red		candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	Emily Buchanan	[Electron	ically Filed] Date	10	08 2014
Signature					

Schedule E)	INT EXI END	JITONES	PAGE 75 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	t filed on
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination
Mailing Address 905 Lake Drive			10 07 2014 Amount
City	State	Zip Code	12.60
Shelby	NC	28152	Transaction ID : 61d7cb9e-1163-43af-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		973252.35	Disbursement For:
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination
Mailing Address 629 Radiance Ave			10 07 2014 Amount
City	State	Zip Code	80.00
Metairie	LA	70001	Transaction ID : d579ccd0-73a5-4295-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 07 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	152090.42	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expendent	tures		92.60
(b) SUBTOTAL of Unitemized Independent Expe	nditures		
			7 7
(c) TOTAL Independent Expenditures			<b>&gt;</b>
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any cand party committee) any political party committee or	didate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	10 08 7 2014
2·3······			

Schedule E)	ones.	PAGE 76 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed o	n M = M / D = D / Y = Y = Y
Full Name of Payee		Date of Public Distribution/Dissemination
Evelyn Lesaicherre		10 07 2014
Mailing Address 629 Radiance Ave		Amount
City State Zi	p Code	3.30
Metairie LA 70		Transaction ID: d74e4ffa-a8ac-4e8d-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	Sought: House District:00
Ms. Mary L Landrieu	X Oppose F	President State: LA
Calendar Year-To-Date Per Election for Office Sought	090.42 Disburs 2014	ement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Carl Brent		10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6718 Lake Willow Dr		Amount
City.	n Code	90.00
	p Code 0126 T	80.00  Fransaction ID : f6cb9231-c16e-490a-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ 001	10 / 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Mary L Landrieu		President State: LA
Calendar Year-To-Date Per Election for Office Sought	152090.42 Disburs 2014	sement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	. 1	92.20
(a) SOBTOTAL of Remized Independent Expenditures	•	83.30
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	· · ·	
Under penalty of perjury I certify that the independent expenditures reposition, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronical	lly Filed] Date 10	08 2014
Signature	24.0	

Sch	edule E)		1101120		PAGE 77 OF 108 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC				C C00530766
Chec	k if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
	Full Name of Payee			Date of	of Public Distribution/Dissemination
	Carl Brent				10 07 2014
N	Mailing Address 6718 Lake Willow Dr			Amou	nt
	Dity	State	Zip Code		12.00
	New Orleans	LA	70126		action ID: 0d7efa84-305d-4308-a of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		10 07 / 2014
Ν	Name of Federal Candidate		Support	Office Sough	t: House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	1	152090.42	Disbursemen 2014 O	t For:
	Full Name of Payee			Date	of Public Distribution/Dissemination
	Francis Richardson			N	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 220 Doucet Rd				10 07 2014
				Amou	nt
	Dity	State	Zip Code		20.00
	Lafayette	LA	70503	Transa Date	oction ID: 98adde82-966e-4296-a of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 07 7 2014
1	Name of Federal Candidate		Support	Office Sough	it: House District:00
Ľ	Ms. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	<u></u>	152090.42	Disbursemen 2014	ther (specify) ►
(a	) SUBTOTAL of Itemized Independent Expenditure	;s		•	32.00
(b	) SUBTOTAL of Unitemized Independent Expendit	ures		•	7 1 7 1 7
(c	) TOTAL Independent Expenditures			· [	7
wit	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidatry committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	m m /	08 2014
	Signature		_		

Schedule E)	LIVI EXI END	ITOTILO	-	PAGE 78 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Francis Richardson			Date of Public	Distribution/Dissemination
Mailing Address 220 Doucet Rd			10	07 2014
			Amount	
City	State	Zip Code		2.67
Lafayette	LA	70503		9 : 46e03d21-996d-4cf6-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	, , ,	152090.42	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Danielle E Grindstaff			10	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 147 Possum Trot Rd			Amount	
City	State	Zip Code		85.00
Bakersville	NC	28705		: 64906159-8446-4fda-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,,,	973252.35	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expen	ditures			87.67
			7	7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>)</b>	77
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 08	2014
Signature				

Schedule E)			101120		PAGE 79 FOR SE OF	OF 108 FORM 24/48
NAME OF COMMITTEE (In F					FEC IDENTIFICATION	
Women Speak Out I	PAC				C C00530766	
Check if 24-hour report	X 48-hour report	New repo	ort Amends re	port filed on	M = M / D = D /	Y Y Y Y Y
Full Name of Payee Danielle E Grinds	taff			Da	e of Public Distribution	/Dissemination
Mailing Address 147 Poss	sum Trot Rd			Am	10 07 ount	2014
City		State	Zip Code	— г		41.10
City Bakersville		NC	28705		nsaction ID : 196f8984 e of Disbursement or 0	-5f51-4941-a
Purpose of Expenditure Mileage			Category/ Type 00	-	10 07	2014
Name of Federal Candida	te		Support	Office Sor	ight: House	District: 00
Ms. Kay Hagan			X Oppose		sident Senate	State: NC
Calendar Year-To-Date Per Election for Office	•	9	73252.35	Disbursen 2014	ent For: Primary Other (specify) ▶	General
Full Name of Payee Lucas H Hoyle  Mailing Address 282 Fa	Illo Ave			Da	te of Public Distribution	/Dissemination
202 Fd	ills Ave			An	ount	
City		State	Zip Code			20.00
Granite Falls		NC	28630	Tra Da	nsaction ID : 440cf29a- te of Disbursement or 0	<b>d4df-4603-a</b> Obligation
Purpose of Expenditure Salary			Category/ Type 00		10 / 07	2014
Name of Federal Candida	te		Support	Office So	ıght: House	District: 00
Ms. Kay Hagan			X Oppose	Pre	sident X Senate	State: NC
Calendar Year-To-Dat Per Election for Offic		, , ,	973252.35	Disburser 2014	nent For: Primary Other (specify)	General
(a) SUBTOTAL of Itemized	Independent Expenditures	S		•		61.10
(b) SUBTOTAL of Uniterniz	zed Independent Expenditu	ıres		<b>-</b>	47 1 47	
(c) TOTAL Independent Ex	penditures			···· •		
Under penalty of perjury I with, or at the request or si party committee) any politic	uggestion of, any candidat	e or authorized				
Ms. Emily Buch	anan	[Electroni	ically Filed] Da	ite 10	/ DDD / Y Y Y 201	4
Signature						

Schedule E)	1 =/(1 = (1 = )			PAGE 80 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee Lucas H Hoyle			М	
Mailing Address 282 Falls Ave			Amount	0 07 2014
City	State	Zip Code		18.00
Granite Falls	NC	28630		ction ID : ff0af6d9-5a37-4474-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	Presiden	NO.
Calendar Year-To-Date Per Election for Office Sought	, ,	973252.35	Disbursement 2014 Oth	For: Primary
Full Name of Payee Rebecca A Shearer  Mailing Address 6544 Arno College Grove Rd			М	0 07 2014
City	State	Zip Code		40.00
College Grove	TN	37046	Transact Date of	tion ID : 249ede78-4413-481c-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	0 07 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	, , ,	136950.69	Disbursement 2014 Oth	For: Primary X General  Der (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	}S		<b>•</b>	58.00
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	7 1 7 1 5
(c) TOTAL Independent Expenditures			•	4 . 4
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		08 2014
Signature				

Sch	edule E)	<b>L</b> /X: <b>L</b> :12.	10.120				PAGE 81 OF 108 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC						C00530766
Checl	k if 24-hour report X 48-hour report	New repo	ort Ame	ends repo	ort filed on	M = M /	D = D / Y = Y = Y
	Full Name of Payee Rebecca A Shearer				Dat	e of Public	c Distribution/Dissemination
						10 N	07 / 2014
ľ	Mailing Address 6544 Arno College Grove Rd				Am	ount	
С	Dity S	State	Zip Code				17.10
		TN	37046				ID: 18da4ea8-ef93-4d83-9 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		10	07 / 2014
N	Name of Federal Candidate		<u>'                                    </u>	Support	Office Sou	ıaht:	House District:00
N	Mr. Mark L Pryor			Oppose		_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	1	36950.69		Disbursem 2014	ent For: Other (sp	Primary
	Full Name of Payee				Da	te of Publi	c Distribution/Dissemination
	Parker H Morrow					M = M	/ DID / YIYIYIY
	Mailing Address 506 N Horton Street					10	07 2014
	300 N HORIOR SHEEL				Am	ount	
C	Dity S	State	Zip Code				40.00
	Searcy	AR	72143		<b>Tran</b> Da	nsaction II te of Disbu	D: 77f62e34-8b52-4188-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		10	07 2014
Ν	Name of Federal Candidate			Support	Office Sou	ıght:	House District: 00
N	Mr. Mark L Pryor			Oppose	Pres	sident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		136950.69		Disbursem 2014	nent For: Other (sp	Primary X General Decify) ▶
(a)	) SUBTOTAL of Itemized Independent Expenditures				• •		57.10
(b)	) SUBTOTAL of Unitemized Independent Expenditure	es					
(c)	) TOTAL Independent Expenditures				•		1 4 1 4
wit	nder penalty of perjury I certify that the independent th, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M = M	/ 08	/ Y Y Y Y Y 2014
	Signature		_				

Schedule E)	EXI END	TOTILO		PAGE 82 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Parker H Morrow			Date of Public	c Distribution/Dissemination
Mailing Address 506 N Horton Street			10 Amount	07 2014
City Searcy	State AR	Zip Code 72143		17.10 ID: 98401f5e-0fbe-44d0-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, 1	36950.69	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
Full Name of Payee Randy G Lookabill			Date of Publi	c Distribution/Dissemination
Mailing Address 200 Carawood Lane			Amount	07 2014
City	State	Zip Code		37.50
Lexington	NC	27295		D: f11093f8-33ba-4ce4-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 10	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	973252.35	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	s		<b>•</b>	54.60
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	
(c) TOTAL Independent Expenditures				7 7
(c) TOTAL independent Expenditures			<b>&gt;</b>	7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 / 08	2014
Signature				

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
$\neg$	Full Name of Payee	Date of Public Distribution/Dissemination
	Randy G Lookabill	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 200 Carawood Lane	Amount
	City State Zip Code	19.80
	Lexington NC 27295	Transaction ID: 056973f8-db85-48a0-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement For: Primary ☐ General  Other (specify) ▶
	Full Name of Payee Ashley n Thompson	Date of Public Distribution/Dissemination
	Mailing Address 272 Westgate Ct Apt 6	10 07 2014 Amount
	City State Zip Code  Lexington NC 27295	15.00 Transaction ID : 62986094-81df-4f3c-9
	Purnose of Evnenditure	Date of Disbursement or Obligation
	Salary Category/ Type 001	10 07 Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District:00
		President Senate State: NC
		orsement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	34.80
	(b) SUBTOTAL of Unitemized Independent Expenditures	
1	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 10	
	Signature	
_		

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OF

Schedule E)	PAGE 84 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M M / D D / Y Y Y Y
	s report filed on
Full Name of Payee Ashley n Thompson	Date of Public Distribution/Dissemination  10 07 2014
Mailing Address 272 Westgate Ct Apt 6	Amount
City State Zip Code	3.00
Lexington NC 27295	Transaction ID : 8318f5b1-43d4-4eaf-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type	002 10 07 7 2014
Name of Federal Candidate Supp	ort Office Sought: House District: 00
Ms. Kay Hagan Oppo	
Calendar Year-To-Date Per Election for Office Sought 973252.35	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Ms. Dinah Beverly	Date of Public Distribution/Dissemination
Mailing Address 157 Bishop Drive	10 07 2014
אווס אווס פוווסל פוואפ	Amount
City State Zip Code	40.00
Avondale LA 70064	Transaction ID: 8335b929-4207-45b5-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	001 10 7 07 7 2014
Name of Federal Candidate Supp	oort Office Sought: House District: 00
Ms. Mary L Landrieu Oppo	ose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 152090.42	Disbursement For:  Primary  General 2014  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	43.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······· <b>&gt;</b>
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or ac party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 10 08 2014
Signature	

Schedule E)		101120		PAGE 85 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y Y
Full Name of Payee Ms. Dinah Beverly			Date o	f Public Distribution/Dissemination
·				10 07 7 2014
Mailing Address 157 Bishop Drive			Amoun	t
City	State	Zip Code		4.50
Avondale	LA	70064		ction ID : f53d4433-07ae-4609-9 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	10 07 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, 1	52090.42	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
Darius Beverly				10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 157 Bishop Drive			Amour	
City Avondale	State LA	Zip Code 70094	Transac	40.00 ction ID : 953d7e69-13ba-4cf0-8
		1	Date o	f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 7 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		152090.42	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.			• •	44.50
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· •	7 1 7 1 7 1
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / 10	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)			PAG FOR	E 86 OF 108 SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTI	FICATION NUMBER ▼
Women Speak Out PAC			C C0053	30766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	t filed on	D / Y = Y = Y
Full Name of Payee Phillip Williams			M = M / D	
Mailing Address 3007 Darden Rd			Amount C	2014
City	State	Zip Code		90.00
Greensboro	NC	27407	Transaction ID : 72 Date of Disburseme	fcbbbb-41ad-4621-8
Purpose of Expenditure Salary		Category/ Type 001	M M / D	
Name of Federal Candidate		Support	Office Sought: Ho	use District: 00
Ms. Kay Hagan		X Oppose		nate State: NC
Calendar Year-To-Date Per Election for Office Sought	9	73252.35	Disbursement For: 2014 Other (specify)	Primary X General
Full Name of Payee Phillip Williams			M M / D	ribution/Dissemination
Mailing Address 3007 Darden Rd			Amount (	2014
City	State	Zip Code		16.20
Greensboro	NC	27407	Transaction ID : 024 Date of Disbursement	Ide462-ad81-478e-9
Purpose of Expenditure Mileage		Category/ Type 002		)7 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: Ho	use District: 00
Ms. Kay Hagan		X Oppose	President X Se	
Calendar Year-To-Date Per Election for Office Sought	g   g	973252.35	Disbursement For: 2014 Other (specify)	Primary ∑ General  ▶
(a) SUBTOTAL of Itemized Independent Expenditures	s		<b>•</b>	106.20
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	7 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 08	<sup>Y</sup> 2014

Schedule E)	LIVI LXI LIVI	JII OI LO	PAGE 87 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd			10 07 2014 Amount
Cit.	Otata	7in Codo	20.00
City Greensboro	State NC	Zip Code 27407	90.00  Transaction ID: b187baf1-b8e2-4a0f-9  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	973252.35	Disbursement For:
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination
Mailing Address 250 JS Brewton rd			10 07 2014 Amount
City	State	Zip Code	60.00
goldonna	LA	71031	Transaction ID : 74c5ab58-ebba-4319-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 07 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	152090.42	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expend	itures		150.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	10 08 2014
Signature			

Sched	ule E)	11 = 20 = 11 = 1	1101120			GE 88 OF 108 R SE OF FORM 24/48
	F COMMITTEE (In Full)					TIFICATION NUMBER ▼
Wom	en Speak Out PAC					530766
Check if	24-hour report X 48-hour report	New repo	ort Amends re	port filed on	M = M / D	) = D / Y = Y = Y
Full I	Name of Payee			D	ate of Public Dis	stribution/Dissemination
Bill	ly Martin					07 2014
Mailii	ng Address 250 JS Brewton rd			A	mount	
City		State	Zip Code			3.00
gold	onna	LA	71031			9830f1dc-9ead-480c-9 ment or Obligation
Purp Mile	ose of Expenditure age		Category/ Type 00	02	10	07 / 2014
Nam	e of Federal Candidate		Support	Office So	ought: F	louse District: 00
Ms.	Mary L Landrieu		X Oppose			Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	1	152090.42	Disburse 2014	ment For: Other (specify	Primary
	Name of Payee			D	ate of Public Di	stribution/Dissemination
Ha	nnah J Landry				M M / I	07 2014
Maili	ng Address 1110 N Coolidge				10	07 2014
	Č			A	mount	
City		State	Zip Code			60.00
	nzales	LA	70737			<b>72ffbcf-7222-424a-8</b> ment or Obligation
Purp Sala	ose of Expenditure ary		Category/ Type 00	1	10	07 / 2014
Nam	e of Federal Candidate		Support	Office S	ought:	House District: 00
Ms.	Mary L Landrieu		Oppose	Pr	esident X	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7	152090.42	Disburse 2014	ment For: Other (specif	Primary X General y) ▶
(a) SI	JBTOTAL of Itemized Independent Expenditur	es		▶	7	63.00
(b) SI	JBTOTAL of Unitemized Independent Expendi	itures		···· •	1 1 7 1	4 1 4
(c) T(	OTAL Independent Expenditures			···· •		
with, c	penalty of perjury I certify that the independ or at the request or suggestion of, any candid committee) any political party committee or its	ate or authorized				
	Ms. Emily Buchanan	[Electron	nically Filed] Da	ate 10	/ DID /	2014
Sig	nature		_			

Schedule E)	<b>=</b> /(1 =			PAGE 89 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	
Full Name of Payee Hannah J Landry			Date of P	Public Distribution/Dissemination
Mailing Address 1110 N Coolidge			10 Amount	07 2014
City Gonzales	State LA	Zip Code 70737		16.32 ion ID : 94a3ba1a-5330-452a-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of D	Disbursement or Obligation  07  2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, 1	152090.42	Disbursement Fo	or: Primary X General  r (specify) ▶
Full Name of Payee Mary C Lee			Date of F	
Mailing Address 1030 N Coolidge Ave			Amount	07 2014
City	State	Zip Code		60.00
Gonzales	LA	70737	Transaction Date of D	on ID : 6654d3e8-1e73-4f33-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	,	152090.42	Disbursement Fo	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		<b>,</b>	76.32
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		·	470. 1 1 490. 1 1 490. 1
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date		08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)		PAGE 90 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Mary C Lee	Da	ate of Public Distribution/Dissemination
Mailing Address 1030 N Coolidge Ave	An	10 07 2014 mount
	-	ansaction ID : 71bedbb3-34bd-4d25-a
Purpose of Expenditure Mileage	ategory/ Type 002	ate of Disbursement or Obligation  10 07 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Mary L Landrieu		esident State: LA
Calendar Year-To-Date Per Election for Office Sought 1520	Disburser 2014	ment For:
Full Name of Payee Rachel H Young  Mailing Address  Box #11543 915 E Market Ave		ate of Public Distribution/Dissemination  10 07 2014  mount
City State Zip	Code	31.00
1 .	2149 Tra	Insaction ID : e175b78b-8c26-4eea-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary	ategory/ Type 001	10 07 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Mr. Mark L Pryor	X Oppose Pre	esident X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	······	47.32
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	· [	
Under penalty of perjury I certify that the independent expenditures repwith, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronical]	y Filed] Date 10	08 2014
Signature		

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Rachel H Young	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Box #11543 915 E Market Ave	Amount
City State Zip Code	22.89
Searcy AR 72149	Transaction ID : 446eea09-2645-455e-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	ce Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disk 2014	oursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Natalie M Foutch	Date of Public Distribution/Dissemination  10 07 2014
Mailing Address 1057 Waldron Road	Amount
City State Zip Code	31.00
LaVergne TN 37086	Transaction ID : ff634cc9-104b-42a2-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disk 201	oursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	53.89
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 08 2014
Signature	

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Schedule E)	LIVI EXI LIVE	TIONES	PAGE 92 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Christine Stevens			10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	70.00
Winchester	VA	22602	Transaction ID : 3e1ae485-f946-46ad-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,.,	152090.42	Disbursement For:  Primary  General  Q014  Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jazmine d Conner			10 07 7 2014
Mailing Address 100 ASBURY CT			Amount
City	State	Zip Code	60.00
WINCHESTER	VA	22602	Transaction ID : 9a1d5774-960b-4dcc-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 07 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		152090.42	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		130.00
(b) OUDTOTAL of Heiberiand Indiana deal Fundament	and Phone a		
(b) SUBTOTAL of Unitermized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			<b>•</b>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	INT EXTEND	TIONES	PAGE 93 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jon E Conner			10 07 2014
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	70.00
Winchester	VA	22602	Transaction ID: 70f808f7-32d4-4046-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 07 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		152090.42	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Rodney O Culbreath			10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	80.00
Winchester	VA	22602	Transaction ID : d47619af-d05f-4c50-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 07 Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	152090.42	Disbursement For:  Primary  ☐ General  2014  Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expendent	tures		▶ 150.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		
(b) CODICIAL OF CHILDWIDE MICEOPERICE EXPE	natures		7 7
(c) TOTAL Independent Expenditures			· •
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)	LINDITOTIES	PAGE 94 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report	filed on
Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination
Mailing Address 100 Asbury CT		10 07 2014
3200 Dam Neck Rd		Amount
City State Winchester VA	Zip Code 22602	70.00 Transaction ID : 56aa7993-1e91-47ea-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation
Name of Federal Candidate	Support C	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		oisbursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Rze Culbreath		10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct		Amount
City State	Zip Code	70.00
Winchester VA	22602	Transaction ID : 01214def-8f06-41f3-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 07 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	)	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expe with, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.		
	[Electronically Filed] Date	10 08 2014
Signature		

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report fi	led on M / D D / Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Caleb Craig	10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1410 Bushville drive	Amount
City State Zip Code	80.00
Lenoir NC 28645	Transaction ID: 67844c9d-9924-45b3-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Of	ffice Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Odioridal Todi To Dato	sbursement For: Primary
Full Name of Payee	
Caleb Craig	Date of Public Distribution/Dissemination  10 07 2014
Mailing Address 1410 Bushville drive	Amount
City State Zip Code	11.10
Lenoir NC 28645	Transaction ID: b12b0b28-97fa-403a-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 07 2014
Name of Federal Candidate Support O	ffice Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
	isbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	91.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of ei party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 08 2014
Signature	

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OF

Schedule E)	EXI END	TOTILO		PAGE 96 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee Stephanie L Heun				f Public Distribution/Dissemination
Mailing Address 8026 S Wilwood Dr Apt 101				10 07 2014
0020 0 11111000 217 (01			Amour	nt
City	State	Zip Code		26.20
Oak Creek	WI	53154		action ID: 99db815d-8151-410a-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	10 07 7 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, 1	52090.42	Disbursement 2014 Ot	For: Primary
Full Name of Payee			Date of	of Public Distribution/Dissemination
Strategic Media Services			M	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1911 North Ft Myer Dr			Amour	nt
Ste 400				
City	State	Zip Code	ــــــــــــــــــــــــــــــــــــــ	618075.00
Arlington	VA	22209		ction ID: bb66ef4f-7766-4bab-9 of Disbursement or Obligation
Purpose of Expenditure Media Buy		Category/ Type 004		10 07 / 2014
Name of Federal Candidate		Support	Office Sough	t: District: 00
Ms. Kay Hagan		Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	973252.35	Disbursement 2014 Of	t For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures				618101.20
(a) CODICINE OF HOMESON INCOPORTION EXPONENTIAL				7
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		•	7 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 /	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>5</b>				

Schedule E)	I EXPEND	ITONES	<b>—</b>	AGE 97 OF 108 DR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	ITIFICATION NUMBER ▼
Women Speak Out PAC			C coo	0530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Jeanne Tribou				istribution/Dissemination
Mailing Address 22369 Ponderosa Dr.			10 Amount	07 2014
			Amount	
City	State	Zip Code		45.00
Mandeville	LA	70471		bdb38dd3-8a60-49a9-8 ment or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	07 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, 1	52090.42	Disbursement For:  2014  Other (specification)	Primary
Full Name of Payee				istribution/Dissemination
Jeanne Tribou			10	07 2014
Mailing Address 22369 Ponderosa Dr.			Amount	07 2014
City	State	Zip Code		13.80
Mandeville	LA	70471		621520b3-e9a9-4f0c-a ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	07 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	152090.42	Disbursement For: 2014 Other (speci	Primary ☐ General fy) ►
(a) SUBTOTAL of Itemized Independent Expenditure	ne.			58.80
(a) SOBTOTAL OF REMIZED INDEPENDENT EXPONDITURE			7	30.00
(b) SUBTOTAL of Unitemized Independent Expendit	ures		<b>•</b>	7 1 5
(c) TOTAL Independent Expenditures			·	7 1 2
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 08 /	2014
Signature				

Schedule E)	INT EXICID	TIONES	PAGE 98 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination
Mailing Address 121 Ohara Dr			10 07 2014 Amount
City	State	Zin Codo	90.00
Salisbury	NC	Zip Code 28147	Transaction ID : b2c0f274-aa14-4e2f-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	973252.35	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Colton R Overcash			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 121 Ohara Dr			Amount
City	State	Zip Code	91.20
Salisbury	NC	28147	Transaction ID: 763af4e2-c382-4b7b-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / D D / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , , ,	973252.35	Disbursement For:  Primary  General  2014  General
(a) SUBTOTAL of Itemized Independent Expend	itures		181.20
(b) SUBTOTAL of Unitemized Independent Expe	nditures		
			7 7 7
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 08 2014
Signature			

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New	w report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Kaitlyn B Allen	10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2121 Daniel Dr	Amount
City State	Zip Code 90.00
Searcy AR	72143 Transaction ID : 951f0bf4-2da9-4ed3-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 07 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Kaitlyn B Allen  Mailing Address 2121 Daniel Dr	Date of Public Distribution/Dissemination  M M M / 07 / Y Y Y Y Y  Amount
City State	Zip Code 75.60
Searcy AR	72143 Transaction ID : f357fe5a-d940-44ba-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 10 10 07 7 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	165.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •
	itures reported herein were not made in cooperation, consultation, or concert orized committee or agent of either, or (if the reporting entity is not a political
	ectronically Filed] Date 10 08 2014
Signature	

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OF

Schedule E)	PAGE 100 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report An	Amends report filed on M M / D D / Y Y Y Y Y
Full Name of Payee Amelia Brackett	Date of Public Distribution/Dissemination
Mailing Address 804 Roundabout Circle	10 07 2014 Amount
City State Zip Code Searcy AR 72143	Transaction ID : ef81a13d-c70d-4194-8
Purpose of Expenditure Salary Category/ Type	
Name of Federal Candidate	Support Office Sought: House District: 00
Ma Market Brown	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 136950.69	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Xavier Miller	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 407 randall Dr	Amount
City State Zip Code	70.00
Searcy AR 72143	Transaction ID : eb812ca9-8b1e-4023-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:  Primary  General 2014  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Signature	Date 10 / 08 / 2014

Schedule E)	/EI EI (19 Ei (1 E/K) E/K)	101.25		PAGE 101 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-h	our report New report	ort Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Xavier Miller			10	07 2014
Mailing Address 407 randall Dr			Amount	
City	State	Zip Code		69.00
Searcy	AR	72143		n ID : 5bd858c4-02df-45c0-a
Purpose of Expenditure Mileage		Category/ Type 002	M 10	07 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1	36950.69	Disbursement For 2014 Other	: Primary
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Shantal C Culbreath			10	07 2014
Mailing Address 4691 Hercules La	ane			
			Amount	
City	State	Zip Code		100.00
Woodbridge	VA	22193	Transaction Date of Dis	n ID: 24d36bd0-36d8-406a-9 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	07 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		152090.42	Disbursement For 2014 Other	: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independ	lent Expenditures		. •	169.00
(b) SUBTOTAL of Unitemized Independent	endent Expenditures		· •	7 7 7
(c) TOTAL Independent Expenditures	5		<b>•</b>	7 7 7
Under penalty of perjury I certify that with, or at the request or suggestion party committee) any political party c	of, any candidate or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	M M / D O	
Signature				

Schedule E)	LAPLINDI	TUNES		PAGE 102 OF 108 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Jackson S Tuttle			Date of Publ	lic Distribution/Dissemination
Mailing Address 404 Chancery Park Ct			10 Amount	07 2014
<b>,</b> '	State	Zip Code		
Kernersville	NC	27284		ID: f2d426cb-e50a-4368-a oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	9	73252.35	Disbursement For:	Primary
Full Name of Payee				lic Distribution/Dissemination
Jackson S Tuttle			Date of Fub	07 2014
Mailing Address 404 Chancery Park Ct			Amount	
City	State	Zip Code		6.00
Kernersville	NC	27284		ID : 5dd6bf1a-0a98-4141-b oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 <sup>M</sup>	07 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		973252.35	Disbursement For: 2014 Other (s	Primary
(a) CURTOTAL of Hamizad Independent Europaditures				
(a) SUBTOTAL of Itemized Independent Expenditures			-	56.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	49.
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its accommission.	or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	10 08	2014
Signature				

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Jackson S Tuttle	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 404 Chancery Park Ct  Am	nount
City State Zip Code	50.00
Kernersville NC 27284 Tra	ansaction ID : 795d4ac3-2c56-47d0-a te of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District:00
Mc Kay Hagan	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	
	Other (specify)
Full Name of Payee Da  Jackson S Tuttle	te of Public Distribution/Dissemination
Mailing Address 404 Chancery Park Ct	10 07 2014 nount
City State Zip Code	6.00
Kernersville NC 27284 Trai	nsaction ID: 8f29e170-87a4-4b98-a te of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	M 10
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Kay Hagan Oppose Pres	sident State: NC State:
Calendar Year-To-Date Per Election for Office Sought  Disbursen 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	56.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	08 2014
Signature	

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OF

	meduic L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Christopher L Brazil	10 07 2014
	Mailing Address 5560 Dogwood Dr	Amount
	City State Zip Code	25.00
	Winston Salem NC 27105	Transaction ID : 5017e903-1364-47c6-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary X General
	Per Liection for Office Sought	U Other (specify) ▶
	Full Name of Payee Christopher L Brazil	Date of Public Distribution/Dissemination
	Mailing Address 5560 Dogwood Dr	10 07 2014 Amount
	City State Zip Code	3.30
	Winston Salem NC 27105	Transaction ID : 623f37fe-96bd-43d2-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	ee Sought: House District:00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	oursement For: Primary General  Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	28.30
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(77) ( * 11 77) 11	10 08 2014
	Signature	
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Women Speak Out PAC  C coopsioned  C coopsioned	ooneduic Ly		FOR SE OF FORM 24/48
Check if	NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Purpose of Expenditure   State   St	women Speak Out PAC		C C00530766
Chris McCoy  Mailing Address 1025 Cayley Ct  City State Zip Code High Point NC 27280  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Purpose of Expenditure  City State Zip Code Ms. Kay Hagan  Calendar Year-To-Date Purpose of Expenditure  Calendar Year-To-Date Purpose of Expenditure  City State Zip Code Mailing Address 1025 Cayley Ct  City State Zip Code Mailing Address 1025 Cayley Ct  City State Zip Code Mailing Address 1025 Cayley Ct  Name of Federal Candidate  Ms. Kay Hagan  Name of Federal Candidate  Name of Federal Candi	Check if 24-hour report X 48-hour report New re	eport Amends report filed	
Mailing Address 1025 Cayley Ct  City State Zip Code High Point NC 27250  Name of Federal Candidate Support Chris McCoy  Full Name of Payee Chris McCoy  Mailing Address 1025 Cayley Ct  Category/ Oppose President Senate State NC Disbursement or Obligation  Category/ Oppose President Senate State NC Disbursement or Obligation  Category/ Oppose President Senate State NC Disbursement or Obligation  Category/ Oppose President Senate State NC Disbursement For: Primary General 2014 Other (specify) ▶  Full Name of Payee Chris McCoy  Mailing Address 1025 Cayley Ct  City State Zip Code High Point NC 27280  Purpose of Expenditure Mileage Category/ Oppose Transaction ID : 4970ace8-441a-4371-9 Date of Disbursement or Obligation  Name of Federal Candidate Support Office Sought House District: O0 President Senate State: NC Disbursement or Obligation  Category/ Oppose Transaction ID : 4970ace8-441a-4371-9 Date of Disbursement or Obligation  Transaction ID : 4970ace8-441a-4371-9 Date of Disbursement or Obligation  Transaction ID : 4970ace8-441a-4371-9 Date of Disbursement or Obligation  Transaction ID : 4970ace8-441a-4371-9 Date of Disbursement or Obligation  Transaction ID : 4970ace8-441a-4371-9 Date of Disbursement or Obligation  Transaction ID : 4970ace8-441a-4371-9 Date of Disbursement or Obligation  Transaction ID : 4970ace8-441a-4371-9 Date of Disbursement or Obligation  Transaction ID : 4970ace8-441a-4371-9 Date of Disbursement or Obligation  Transaction ID : 4970ace8-441a-4371-9 Date of Disbursement or Obligation  Transaction ID : 4970ace8-441a-4371-9 Date of Disbursement or Obligation  Transaction ID : 4970ace8-441a-4371-9 Date of Disbursement or Obligation  Transaction ID : 4970ace8-441a-4371-9 Date of Disbursement or Obligation  Transaction ID : 4970ace8-441a-4371-9 Date of Disbursement or Obligation or Obligation  Transaction ID : 4970ace8-441a-4371-9 Date of Disbursement or Obligation of Disbursem			Date of Public Distribution/Dissemination
City State Zip Code High Point NC 27260  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Chris McCoy  Mailing Address 1025 Cayley Ct  City State Zip Code High Point NC 27260  Transaction ID: 32eff067-dd1b-dd57-a Date of Disbursement or Obligation  To 7			
High Point  NC  27260    Transaction ID: a2eff087-4d1b-db7-a Date of Disbursement or Obligation   Type	Mailing Address 1025 Cayley Ct		Amount
High Point  NC  27260    Transaction ID: a2eff087-4d1b-db7-a Date of Disbursement or Obligation   Type	City State	Zip Code	47.50
Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Purpose of Expenditure Milling Address 1025 Cayley Ct  City State Vippe Milling Point  NC  Category/ Type  Category/ Type  Office Sought:  House District:  OD President  Amount  City State Vippe  Category/ Type  Category/ Type  Ode  High Point  NC  Category/ Type  Ode  Office Sought:  House Distribution/Dissemination  Tansaction ID: 4970ace8-d41a-4371-9 Date of Disbursement or Obligation  Transaction ID: 4970ace8-d41a-4371-9 Date of Disbursement or Obligation  Office Sought:  House District:  OD  Ms. Kay Hagan  NC  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: 4970ace8-d41a-d371-9 Date of Disbursement or Obligation  Transaction ID: 4970ace8-d41a-d371-9 Date of Disbursement For:  Disbursement For:  Primary  General  Other (specify)  Other (specify)  Other (specify)  Other (specify)  Inder penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		·	Transaction ID : a2eff067-4d1b-4db7-a
Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Chris McCoy  Mailing Address 1025 Cayley Ct  City State High Point NC 27260  Purpose of Expenditure Mileage  Name of Federal Candidate Ms. Kay Hagan  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Other (specify)  Date of Public Distribution/Dissemination  Tansaction ID: 4970sce8-d41s-4371-9 Date of Disbursement or Obligation  Tansaction ID: 4970sce8-d41s-4371-9 Date of Disbursement or Obligation  Mileage  Office Sought: House District:  O President  Senate State: NC Disbursement For: Primary  General  General  Other (specify)  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			M M / D D / Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Chris McCoy  Mailing Address  1025 Cayley Ct  City State  City State  Category/ Mane of Federal Candidate Misage  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Isolator State:  Disbursement For: Primary  Category/  Office Sought:  Other (specify)  Other (specify)  Other (specify)  Other (specify)  In Other (specify)  Other (specify)  Other (specify)  Other (specify)  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Disbursement For: Primary  Other (specify)	Name of Federal Candidate	Support Offic	e Sought: House District: 00
Per Election for Office Sought  Per Election for Office Sought  Pull Name of Payee Chris McCoy  Mailing Address 1025 Cayley Ct  City State Zip Code High Point NC 27260  Purpose of Expenditure Mileage  Category/ 002  Ns. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.    Other (specify)   Date	Ms. Kay Hagan		
Full Name of Payee Chris McCoy  Mailing Address 1025 Cayley Ct  City State Zip Code High Point NC 27260  Purpose of Expenditure Mileage  Category/ Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date Public Distribution/Dissemination  To 7  2014  Amount  Transaction ID: 4970ace8-d41a-4371-9 Date of Disbursement or Obligation  Trans			
Chris McCoy  Mailing Address 1025 Cayley Ct  City State Zip Code High Point NC 27260  Purpose of Expenditure Mileage State Sta	F.II Name of Davis		
Mailing Address 1025 Cayley Ct  City State Zip Code High Point NC 27260  Purpose of Expenditure Mileage  Name of Federal Candidate State Support Ms. Kay Hagan  Name of Federal Candidate State State: NC Disbursement For: Primary General 2014 Other (specify) Other (specify) (c) TOTAL of Itemized Independent Expenditures.  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			M M / D D / Y Y Y Y
High Point  NC  27260  Transaction ID: 4970ace8-441a-4371-9 Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Category/ Type  O02  Name of Federal Candidate  Support  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: 4970ace8-441a-4371-9 Date of Disbursement or Obligation  Office Sought: House District: O0  President Senate State: NC  Disbursement For: Primary General  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date  10  O2  10  O4  O5  O5  O6  O6  O7  O7  O7  O7  O7  O7  O7  O7	Mailing Address 1025 Cayley Ct		
High Point  NC  27260  Transaction ID: 4970ace8-441a-4371-9 Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Category/ Type  O02  Name of Federal Candidate  Support  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: 4970ace8-441a-4371-9 Date of Disbursement or Obligation  Office Sought: House District: O0  President Senate State: NC  Disbursement For: Primary General  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date  10  O2  10  O4  O5  O5  O6  O6  O7  O7  O7  O7  O7  O7  O7  O7	City State	Zip Code	15.30
Purpose of Expenditure Mileage    Category/ Type   002	High Point NC	27260	
Ms. Kay Hagan    Calendar Year-To-Date   President   Senate   State: NC			M = M / D = D / Y = Y = Y
Ms. Kay Hagan    Calendar Year-To-Date   President   Senate   State:   NC	Name of Federal Candidate	Support Office	e Sought: House District: 00
Per Election for Office Sought  973252.35  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures	Ms. Kay Hagan		
(b) SUBTOTAL of Unitemized Independent Expenditures			4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(a) SUBTOTAL of Itemized Independent Expenditures	·····	62.80
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    Date	(c) TOTAL Independent Expenditures	<b>&gt;</b>	
[Electronically Filed] Date 10 08 2014	with, or at the request or suggestion of, any candidate or authoriz		
Duto			
	Signature		

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<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report	M = M / D = D / Y = Y = Y
Full Name of Payee Dat	te of Public Distribution/Dissemination
Brandon Wheeler	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 10112 Piney Creek Ct	nount
City State Zip Code	30.00
Charolette NC 28215 Tra	Insaction ID: 83204a3b-72fd-4c64-a te of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mr. Mark I. Prvor	sident State: AR State:
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	
Full Name of Payer	Other (specify)
Full Name of Payee Brandon Wheeler	te of Public Distribution/Dissemination  10 07 2014
Mailing Address 10112 Piney Creek Ct	10 07 2014 nount
City State Zip Code	24.60
	nsaction ID: 413de887-1b35-463e-9 te of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mr. Mark L Pryor Oppose Pres	
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	54.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	08 2014
Signature	

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OF

Scl	hedule E)	PAGE 107 OF 108 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C C00530766
Che	ck if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Т		of Public Distribution/Dissemination
-	Daniel E Collison	09 / 23 / 2014
	Mailing Address 3315 Cardinal Ridge Rd  Amo	punt
ŀ	City State Zip Code	50.00
		saction ID: 45f1be32-91cb-42b4-a of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	09 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate Support Office Sough	ght: House District: 00
	Ms. Kay Hagan Oppose Presi	dent State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014  2014	ent For:
Γ		e of Public Distribution/Dissemination
1	Daniel E Collison	09 23 2014
ľ	Mailing Address 3315 Cardinal Ridge Rd	30 25 251
1	Amo	punt
ŀ	City State Zip Code	0.90
	Date	saction ID : f1fa8da4-82ea-4a88-8 e of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  O02	09 / 23 / Y Y Y Y Y Y
	Name of Federal Candidate Support Office Sou	ght: House District: 00
L	Ms. Kay Hagan	
	Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014 2014	ont For:  Primary
(6	a) SUBTOTAL of Itemized Independent Expenditures	50.90
(I	b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(0	c) TOTAL Independent Expenditures	
W	Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (in arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 10	08 2014
	Signature	